



PATIENT

Apollo Hunter

SPECIES

Canine

BREED

Maltese Mix

SEX

Male Neutered

AGE

10 years

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Greenbriar Veterinary
Hospital

REFERRING VET

Dr. Jarrett

INVOICE

24486

DATE

5/31/22

PRESENTING CLINICAL SIGNS

History: Seen for a cough. Grade 4/5 bilateral holosystolic heart murmur. Auscultated mild pleural effusion 10 days ago. Improved with short course of Lasix. Pet has severe periodontal disease.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with marked prolapse into the left atrial lumen. A ruptured chordae tendineae is visualized with a flail leaflet (see below). Marked eccentric mitral regurgitation with marked left atrial dilation. Normal MR velocity. Moderate LV dilation with hyperdynamic myocardial function. The tricuspid valve appears thickened with septal prolapse and moderate TR. Velocity consistent with mild to moderate pulmonary hypertension. Mild right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal aortic and pulmonic outflow velocities with laminar flow. No AI and trace PI. Scant pericardial seen. No obvious pleural effusion noted. No

CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	4.6	3.4	2.1	2.5	45	77	0.3
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	160	0.8		4.5	2.7	4.1	2.3
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing marked mitral and moderate tricuspid regurgitation. Marked left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. A ruptured chord leading to a flail leaflet is visualized which dramatically raises this risk. Mild to moderate pulmonary hypertension is noted, which is likely secondary to chronic LA pressure elevation and a reported cough. No additional issues are identified.

In light of the clinical signs, reported pleural effusion and scant pericardial effusion, the diagnosis of congestive heart failure is supported, and lifelong cardiac medications are warranted lifelong as below. If the cough persists despite an increase in diuretic therapy, Hydrocodone should certainly



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be considered +/- a course of broad-spectrum antibiotic. Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home. The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for acute progression of the cough, labored breathing, exercise intolerance or collapse episodes in the future.

Avoid anesthesia, steroids and/or fluid therapy going forward.

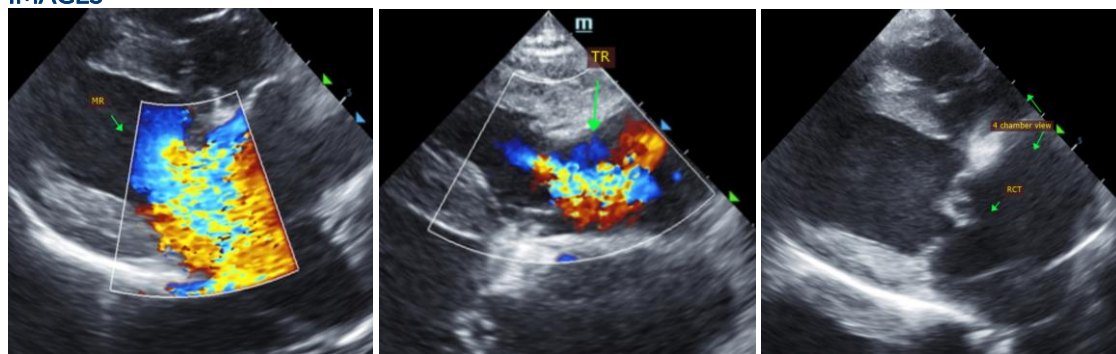
PLAN

Administer Pimobendan 0.3mg/kg PO q12h. Administer Furosemide to 1-2mg/kg PO q12h. Institute spironolactone 1-2mg/kg PO q12h.

Monitor SRRs at home. Monitor renal values and BP in 10-14 days, then every 3-4 months while on diuretics. If doing well and BP >130mmHg, institute ACE-I 0.5mg/kg PO q12h. Consider hydrocodone if needed for QOL +/- a course of broad-spectrum antibiotic.

Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of associated clinical signs occurs in the interim.

IMAGES



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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