


PATIENT

Lyla Taibor

PRESENTING CLINICAL SIGNS

History: Recheck echo. Restarted Lasix and Benazepril 1 week ago, due to syncope which has improved.

SPECIES

Canine

-Current medications: Pimobendan, Sildenafil, Lasix, Benazepril.

-Pertinent previous echo findings (10/2022 MML): Trace MR, moderate TR, mild PAH, mild to moderate RAE. LA: 1.9, LV: 2.6, TR: 3.2.

BREED

Australian Shepherd

SEX

Female Spayed

AGE

12 years

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trace mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with septal prolapse and moderate tricuspid regurgitation. Velocity consistent with moderate pulmonary hypertension. Moderate right atrial dilation. Mild to moderate RV dilation with mild hypertrophy. MPA is prominent. The pulmonic valve is normal. Trace PI. The aortic valve is normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. Mild aortic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART
WEIGHT

43lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

 VCA Blairstown
 Animal Hospital

REFERRING VET

Dr. Lovell

INVOICE

30655

DATE

5/8/23

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	NM	3.8	1.3	1.1	41	74	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	170	0.8	0.8	19.5	2.14	2.7	1.6
*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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, the only significant difference is mild pulmonary hypertension is now moderate. The right heart is slightly enlarged comparatively, supporting this increase. The left heart remains normal with trivial MR appreciated. Finally, the small aortic insufficiency was noted previously and appears stable. No additional issues are identified.



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Given these findings, it is reasonable to continue Pimobendan and Sildenafil going forward. Dosages are not provided; however, suggested range is as below. **Lasix and Benazepril are unnecessary, as there is no evidence of CHF in this case.** Syncope (assuming it is exertional in origin), is likely due to increasing pulmonary pressures and the sildenafil dose may need to be adjusted. Lifelong blood pressure monitoring is advised.

Anesthetic risk is considered mildly elevated if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. **Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 if possible.** Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

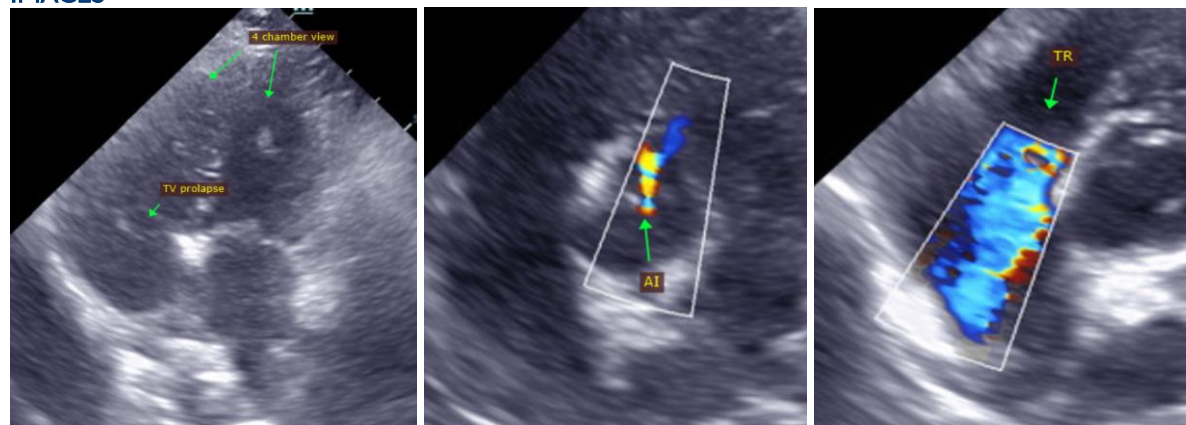
Omega fatty acid supplementation (anti-inflammatory) may be of some long-term benefit. Monitor for worsening of labored breathing, exercise intolerance or collapse episodes.

PLAN:

Administer Sildenafil 1-2mg/kg PO q8h. Administer Pimobendan 0.3mg/kg PO q12h. No indication for Lasix or Benazepril. Monitor BP every 6 months.

Recommend recheck echocardiogram in 6 months to reassess pulmonary pressures, sooner if any development of clinical signs.

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.

Maggie Machen Lamy, DVM

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