



PATIENT

Paige Starr

SPECIES

Canine

BREED

Cavalier King Charles

SEX

FS

AGE

10 years

WEIGHT

15.9

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Chase Veterinary
Clinic

REFERRING VET

Dr. Caffarella

INVOICE

24095

DATE

5/9/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Current presentation: Increasing coughing and respiratory rate; crackles heard on exam as well as grade IV/VI systolic murmur. Needs dental prophy. Radiographs showed cardiomegaly, elevated trachea, pulmonary edema. BP: 126, 132, 132 mmHg. Started on Furosemide 12.5 mg BID, Pimobendan 1.25 mg BID, Hydrocodone 5 mg BID. -Pertinent previous echo findings: (9/13/20 Mandi Kleman, DVM, DACVIM - Cardiology): LA 1.76 cm; LA:Ao 1.03; LV 2.71; normal LA size; normal LV size and function; mild MR; mild TR (2.49 m/s).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: Significant LV dilation with hyperdynamic myocardial function.

Left atrium: The left atrium is severely dilated. The PV appear dilated as they enter the lumen.

Mitral valve: Diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Mild RV dilation.

Right atrium: Mild right atrial dilation.

Tricuspid valve: The tricuspid valve appears thickened, with moderate tricuspid regurgitation. Mildly elevated velocity consistent with mild pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. The MPA is normal. Normal pulmonic outflow velocities with laminar flow. No PI.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 180bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	4.0
LA:Ao (Swe)	2.8y
IVS thickness (cm)	0.67
LVID diastole (cm)	4.0
PW thickness (cm)	0.66
LVID systole (cm)	1.8
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	0.53
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	5.6
TR Vmax (m/s)	3.1
TR PG (mmHg)	39

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with significant progression. Mild disease has become severe, with severe mitral and moderate tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Mild pulmonary hypertension is noted, which is likely secondary to chronic LA pressure elevation. No additional issues are identified.

In light of the clinical signs, reported chest radiographs and severity of disease on echocardiogram, the diagnosis is congestive heart failure and continued medications are warranted lifelong as below. Note medication changes below.



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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.

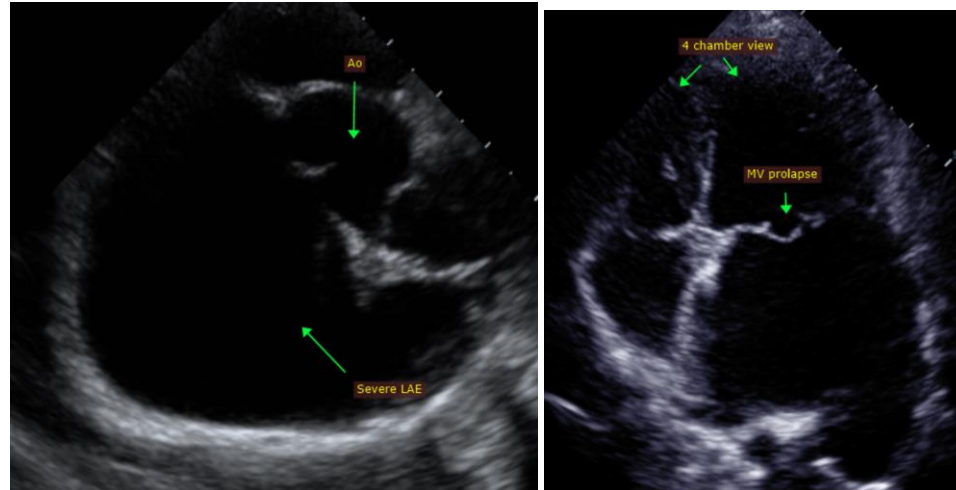
RECOMMENDATIONS

- Administer lasix/furosemide 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- Administer Pimobendan 0.25-0.3 mg/kg PO q12h.
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

PLAN

- Monitor renal values and BP in 1-2 weeks, then every 3-4 months lifelong. If doing well and BP >130mmHg, institute ACEI 0.5mg/kg PO q12h.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES



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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.



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Thank you for this referral. 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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info@sonopath.com

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