



PATIENT

Beckham Arnasen

SPECIES

Canine

BREED

Bearded Collie

SEX

Male Neutered

AGE

13 years

WEIGHT

46.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

C. Belan, DVM

HOSPITAL NAME

Calgary Holistic
Veterinary Clinic

REFERRING VET

Dr. Qi

INVOICE

30698

DATE

5/9/23

PRESENTING CLINICAL SIGNS

History: Presented with a murmur and ascites. On diuretics for 10 days and improved abdominal distention.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. LV dilation with adequate myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Mild right atrial and ventricular dilation. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No aortic or pulmonic insufficiency. The MPA is not dilated. No pericardial or pleural effusion noted. No obvious cardiac masses.

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	NM	2.4	2.6	47	88	0.4
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	146	1.4	0.8	21.1	5.0	5.2	2.8
*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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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

Findings are most consistent with chronic degenerative valve disease causing severe mitral and trace tricuspid regurgitation. Severe left atrial and ventricular enlargement indicates the risk for spontaneous congestive heart failure is high and the ascites is most likely cardiogenic in origin. It is somewhat unusual to see this development in the absence of severe right heart enlargement or significant pulmonary hypertension; however, this is the presumed diagnosis.

Continued cardiac supportive medications are recommended as below, including diuretic therapy. No obvious indication for sildenafil at this time, as no pulmonary hypertension is identified.

Therapeutic centesis +/- hospitalization for supportive care may be necessary depending on clinical stability.



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Close monitoring for improvement in clinical signs is recommended. Unfortunately, with this degree of heart disease and congestion, the prognosis is guarded to poor with an average survival time of 6mo at this point. Most dogs are able to maintain a good quality of life for some time however with medications. Going forward, patient will remain at high risk for recurrent CHF (left or right-sided), LA tear, collapse episodes and/or development of malignant arrhythmias in the future. Periodic centesis is recommended if the patient experiences discomfort, drop in appetite or labored breathing.

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit once stabilized. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is recommended as the best way to screen for improvement/recurrent CHF at home.

PLAN

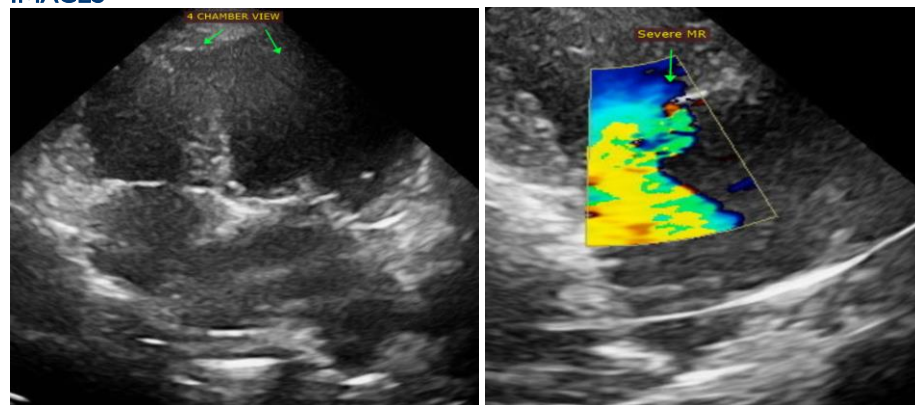
Consider therapeutic centesis/hospitalization if needed/indicated. Screening BP is recommended. Discharge on the following: Administer furosemide 1-2mg/kg PO q12h. Institute Pimobendan 0.25-0.3mg/kg PO q12h. Institute spironolactone 1-2mg/kg PO q 12h.

Recheck a kidney panel, BP and fluid status in 10-14 days once stabilized, then every 3-4 months. Once deemed normotensive and eating well at home institute ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. If the cough persists despite normal breathing rates, Hydrocodone should be considered.

Monitor renal values every 3-4 months.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

IMAGES





PATIENT

Beckham Arnasen

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.

SPECIES

Canine

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.

BREED

Bearded Collie

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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