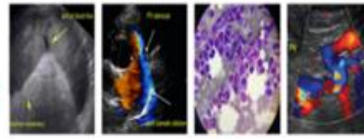

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Coco Gaulin

SPECIES
Canine

BREED
Yorkie Poo

SEX
Female Spayed

AGE
12 years

WEIGHT
7.6lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
24501

DATE
6/1/22

PRESENTING CLINICAL SIGNS

History: Coco presented to ER March for dyspnea. She was diagnosed with heart failure and hospitalized. Started on Lasix and Pimobendan. She has been doing relatively well since being released from the hospital but has had a few episodes of labored breathing. Coughing after eating and mild hyporexia. Her activity level remains the same. On exam today: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 140-150mmHg. Current medication: 1) Pimobendan/vetmedin 1.25mg 1/2 tab twice a day 2) Lasix/furosemide 12.5mg 1/2 tab twice a day *No sedation for study

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is mild to moderately dilated.
Mitral valve: The mitral valve is thickened with a ruptured chordae tendineae suspected (see below). Moderate to 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. Normal aortic insufficiency.
Right ventricle: Normal right ventricular.
Right atrium: Normal RA.
Tricuspid valve: The tricuspid valve is normal with trace tricuspid regurgitation. Normal velocity.
Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. Mild pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.7
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.5
LVID diastole (cm)	2.4
PW thickness (cm)	0.5
LVID systole (cm)	0.8
FS (%)	66

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	5.7
TR Vmax (m/s)	2.3
TR PG (mmHg)	22

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing moderate to severe mitral and trace tricuspid regurgitation. While mild left atrial enlargement typically indicates a low risk for imminent complication, the finding of a ruptured chord certainly increases this risk. No concurrent issues such as systolic dysfunction are noted in this study.

Given these findings and the reported response to Lasix this supports CHF and full cardiac support is recommended as below. Concurrent airway disease is also a possibility in this breed and repeat CXR may be useful.

Prognosis is guarded long-term with most CHF cases succumbing within 8-12 months. That being said, if the patient is able to be stabilized there is some potential for an

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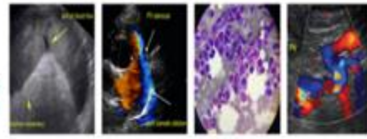

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improved outcome given a lack of significant chamber enlargement. Follow up will help dictate long term picture.

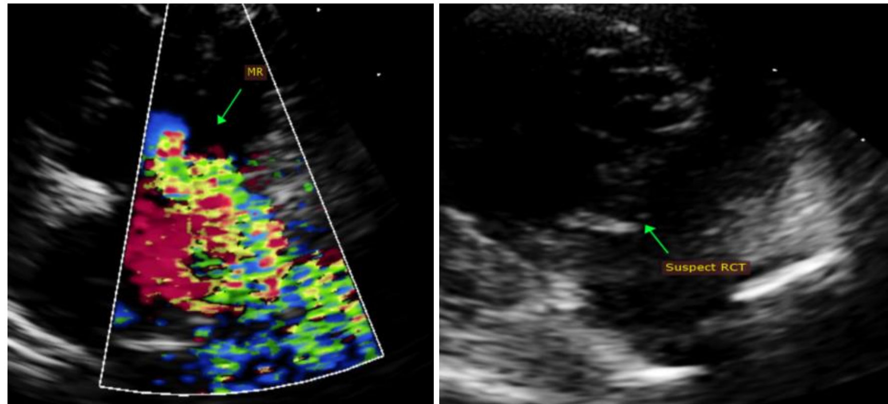
RECOMMENDATIONS

- Administer Pimobendan 0.25-0.3mg/kg PO q12h.
- Administer Lasix 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Institute ACE-I 0.5mg/kg PO q12h.
- Consider repeat CXR for comparison.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised at this time.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitor sleeping breathing rates at home as the best way to monitor for recurrent issues.

PLAN

- Monitor renal panel and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)