

PATIENT

Rowdy Mitchell

SPECIES

Canine

BREED

Pomeranian

SEX

Male Neutered

AGE

13 years

WEIGHT

7.6lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Mikhaleva

INVOICE

24515

DATE

6/1/22

PRESENTING CLINICAL SIGNS

History: Patient was taken to Stayton animal hospital 5/31/22. Was panting today, and owner noticed tongue was purple and was lethargic yesterday around 2 pm. 2 nights ago, had no appetite and hand fed ate a few crumbs. not eating anything yesterday or today. Drinking water. Known heart issues for a year. Diagnosed with tracheal collapse yesterday. Has been on furosemide and benazepril for last couple of years after a dental. Had been on pimobendan 6 months ago but had been taken off of this. Started hydrochlorothiazide within the last few days. Had been on Hydrocodone tablets since February.
 -Blood Pressure: 147/105 (119)mmHg.
 -Current Medications Dex SP, Torbutrol, Albuterol, Cerenia, Pantoprazole, Furosemide, Tussigon, Hydrochlorothiazide, Benazepril, Doxycycline.
 -Radiographs: Severe collapsing trachea per rDVM.

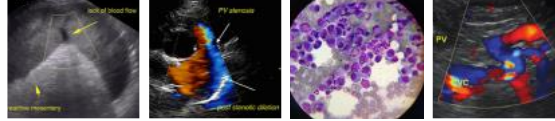
ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trace mitral regurgitation with no left atrial dilation. Normal LV dimension with normal wall thickness. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. 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	NM	NA	NM	1.2	54	92	NM
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	NM	0.8	1.1	3.45	1.2	2.4	1.1
*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)
				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



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing trace mitral regurgitation. The left heart is normal in dimension indicating low risk for complication. No obvious additional issues, such as pulmonary hypertension, are identified

Given these findings, the respiratory issues are unlikely to be cardiac in origin and **Lasix, Pimobendan, Hydrochlorothiazide and Benazepril should all be safely discontinued.** Primary respiratory causes should be considered and **baseline CXR with a Radiologist review are strongly recommended.** The current clinical issues may reflect an acute respiratory crisis and antibiotic therapy, anti-inflammatory steroids, etc. may be warranted.

No cardiac medications are needed going forward. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

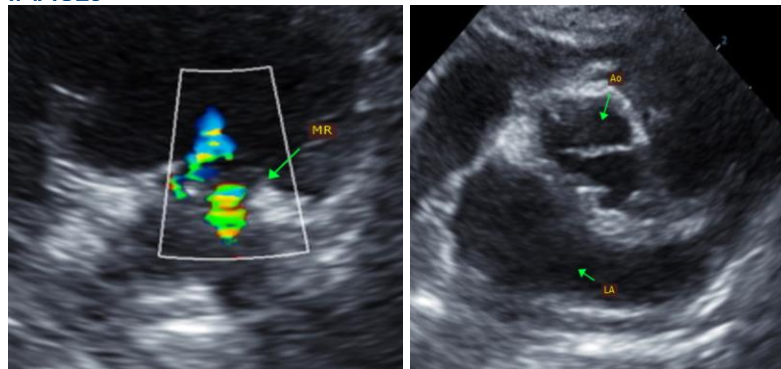
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively 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.

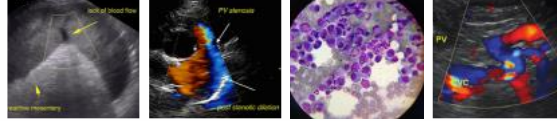
PLAN

Discontinue all medications as discussed. Highly recommend CXR with a Radiologist review. Baseline lab work is strongly recommended to screen of over-dehydration. Fluid therapy may be warranted pending results.

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

IMAGES





PATIENT

Rowdy Mitchell

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

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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

Pomeranian

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

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