



PATIENT

Lola Noe

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

12 years

WEIGHT

71lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Zelinski

PRESENTING CLINICAL SIGNS

History: Recheck echo. Patient with history of diabetes and DCM.

-Current medications: Rimadyl, Vetsulin 19 units BID, Heartgard, Spironolactone 25mgs BID, Pimobendan 7mgs BID, Taurine 1000mgs BID, and Carnitine.

-Pertinent previous echo findings (12/2021 KB): LV: 5.8/4.7, FS: 18%, LA: 5.1.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild to moderate left ventricular dilation with depressed myocardial function and increased sphericity. Normal LV wall thickness. Moderate left atrial enlargement. The mitral valve appears mildly thickened with no prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation. Normal MR velocity. Tricuspid valve appears normal in form and function. Mild right atrial and ventricular dilation. Mild tricuspid regurgitation due to annular stretch. TR velocity is normal. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity. No aortic or pulmonic insufficiency. Normal RVOT velocity. No pericardial or pleural effusion noted. No obvious cardiac tumors.

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	5.0	2.0	NM	1.8	23	40	1.1
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	97	1.1	0.83	32.2	4.0	5.3	4.1
*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)
<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

LV dilation and dysfunction persists with evidence of slight improvement. The FS is improved as are the left heart dimensions in both systole and diastole. The LA has improved to moderate with persistently moderate mitral regurgitation. No additional issues are identified.

Even with these encouraging findings, continued cardiac support is recommended as previously prescribed. No obvious indication for additional medications at this time. Cases of systolic failure are at high risk for malignant tachyarrhythmias (such as VT or rapid AF) and sudden death, and this should be expressed to the owner. Activity restriction remains advised.

INVOICE

24814

DATE

6/15/22



PATIENT

Lola Noe

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

12 years

WEIGHT

71lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Zelinski

INVOICE

24814

DATE

6/15/22

Elective anesthesia is not advised due to high risk for complications.

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, worsening labored breathing, abdominal distention, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

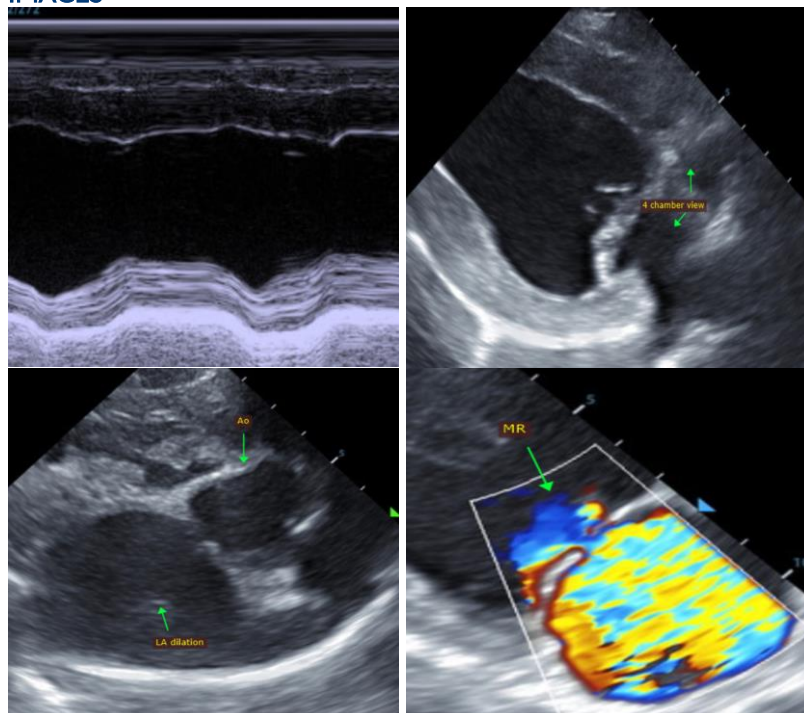
PLAN

Continue Spironolactone, Pimobendan and Taurine as prescribed.

Monitor renal vales and BP every 3-4 months lifelong.

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

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