



PATIENT

Reilly Williams

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

7.1.09

WEIGHT

22lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: Pimobendan 5mg ½ BID.

-Blood pressure: 156mmHg.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results: 4/8/21.

-STAT: Declined.

-Imaging performed by: Stephanie Pearce RDCS, RVT.

Pertinent previous echo findings (MML 4/2021): mod/severe MR, mod LAE, mild LVE, trace TR, 2.8m/s; LA 2.3, LV 3.7, mild AI

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with no prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. Normal MR velocity. Mildly increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears subjectively normal, with trace tricuspid regurgitation. Velocity consistent with early PAH. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No pulmonic and mild aortic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Prime Care Animal
Hospital

REFERRING VET

Dr. Martin

INVOICE

24879

DATE

6.20.22

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	2.8	3.0	NM	2.2	44	75	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	147	2.0	1.5	10.0	3.3	3.8	2.1
*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)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation persists with evidence of progression. Severe left atrial enlargement is noted compared to what is seen in the prior study indicating progressive disease and the risk for spontaneous congestive heart failure is elevated going forward. Early pulmonary hypertension has also developed. Even without significant respiratory changes, it is reasonable to initiate an ACE-I and Spironolactone at this time as below given apparent progression.

Prognosis is guarded long term (late B2), and patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Omega fatty acid supplementation and mild salt restriction remain recommended. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Serial monitoring of SRRs is recommended as the best way to screen for progression towards CHF at home.

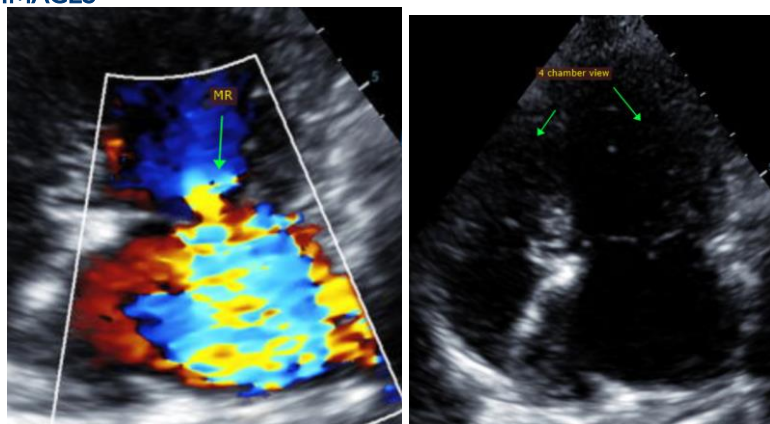
Elective anesthesia is not advised.

PLAN

Continue Pimobendan as prescribed. Institute ACEI 0.5mg/kg PO q12h. Institute spironolactone 1-2mg/kg PO q12h.

Recommend conservative monitoring with a recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise.

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.

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