



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Max Leggett
History: Recheck echo. Restless and can't settle down. Previously dx with CVD B2, moderate MR (report not provided for comparison).

SPECIES
Canine
-Current medications: Vetmedin 1.25mg BID, Furosemide 5mg AM and 10mg PM and Trilostane 16mg SID.

-Abnormal PE/Chem/CBC/UA Results (5/2023): Creatinine elevated, SDMA elevated, Cortisol pre - 222(28-120).

BREED ECHOCARDIOGRAM FINDINGS

BREED
Chihuahua Mix
2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate 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 pulmonary hypertension. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

SEX

Male Neutered

AGE

14 years

CARDIAC CHART

WEIGHT

15.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

East Plains Animal
Hospital

REFERRING VET

Dr. Loh

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	6.2	3.0	1.8	1.67	44	77	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	150	1.7	1.0	7.2	2.4	3.2	1.6
*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)

INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

31505

DATE

6/22/23

Chronic degenerative valve disease causing moderate mitral and trace tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. Early pulmonary hypertension is noted, which is likely secondary to chronic LA pressure elevation. No additional issues are identified.



PATIENT

Max Leggett

Given these findings, reasonable to continue Pimobendan as below. **No indication for Lasix therapy prior to CHF and this should be discontinued, particularly with an elevated Creatinine.** Baseline BP is recommended in any patient with Cushing's disease. No cardiac contribution to current restlessness is suspected; however, baseline CXR should be considered.

SPECIES

Canine

Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

BREED

Chihuahua Mix

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

SEX

Male Neutered

Anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

AGE

14 years

WEIGHT

15.9lbs

PLAN

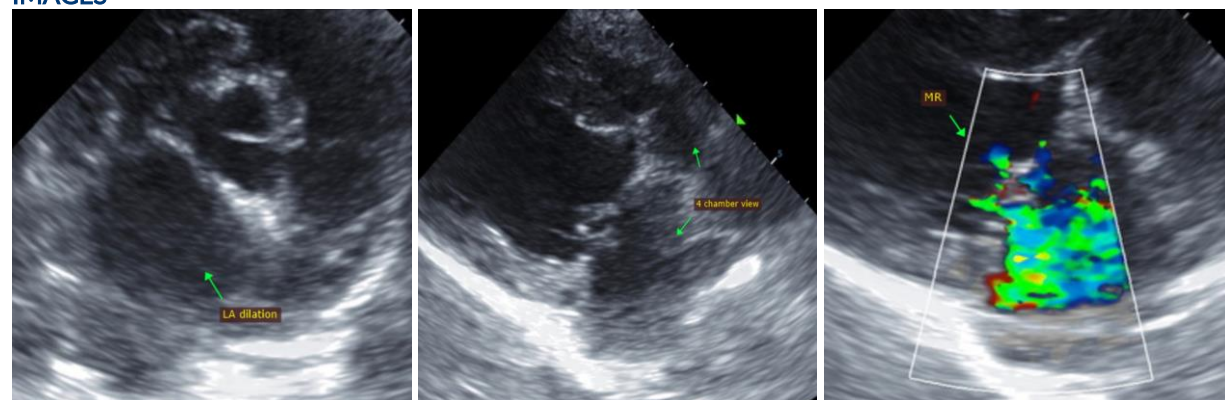
Baseline BP and CXR are recommended. Continue Pimobendan 0.25-0.3mg/kg PO q12h. No indication for Lasix therapy and this should be discontinued.

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Maggie Machen Lamy,
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(Cardiology)

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES



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REFERRING VET

Dr. Loh

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.

INVOICE

31505

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.

DATE

6/22/23

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