



PATIENT

Marcus Crevier

SPECIES

Canine

BREED

Maltese

SEX

Male Neutered

AGE

10 years

WEIGHT

11.06lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Marcus was having difficulty breathing yesterday with the heat and humidity. He was also noted to be a bit off and somewhat lethargic. The owner increased the Lasix to 12.5mg 1 1/4 tabs twice a day. Occasional coughing. On exam: transient arrhythmia, grade IV/VI murmur with PMI left apical area radiating to right with grade II/VI murmur on right, PSS, lung fields clear, no cough with tracheal pressure. BP: 90 mmHg x 5. *No sedation for study. Current medications: 1) Pimobendan/vetmedin 1.25mg 1 capsule twice a day 2) Lasix/furosemide 12.5mg 1 1/4 tabs twice a day 3) Enalapril 2.5mg 1 tab twice a day. -Pertinent previous echo findings (12/8/21 Keith Blass, DVM, DACVIM-Cardiology): LA 3.19 cm; LV 3.20 cm; moderate LAE/LVE; moderate MR; mild TR (3.28 m/s; 43 mmHg); mild pulmonary hypertension

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available. **Left ventricle:** The LV diameter is increased with hyperdynamic myocardial function. LV wall thicknesses are decreased. **Left atrium:** The left atrium is severely dilated. **Mitral valve:** The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. 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. No aortic insufficiency. **Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. **Right atrium:** Normal RA dimension. **Tricuspid valve:** The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension. **Pulmonary valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. Trace pulmonic insufficiency. Normal RVOT velocity; laminar flow. **Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25016

DATE

6/28/22

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	2.9
LA:Ao (Swe)	2.6
IVS thickness (cm)	0.6
LVID diastole (cm)	3.5
PW thickness (cm)	0.6
LVID systole (cm)	1.4
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	0.83
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.0
TR Vmax (m/s)	3.3
TR PG (mmHg)	44

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with relative stability. While severe, the left heart dilation is similar to what is reported previously with severe MR. The TR is similar and mild pulmonary hypertension is unchanged. No additional issues are identified.

Given these findings, it is reasonable to continue full cardiac support as below, with addition of Spironolactone. Unless the patient improved dramatically with the increase in Lasix, this can be returned to the prior dose. Finally, the ACE-I should be significantly decreased due to hypotension. Consider hydrocodone if needed for quality of life.



PATIENT
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Long term prognosis remains guarded to poor, with most dogs able to be managed on medications with a good QOL for an average of 8-12 months once in CHF. Patient will always be at risk for recurrent CHF, LA tear, development of malignant arrhythmias/sudden death going forward.

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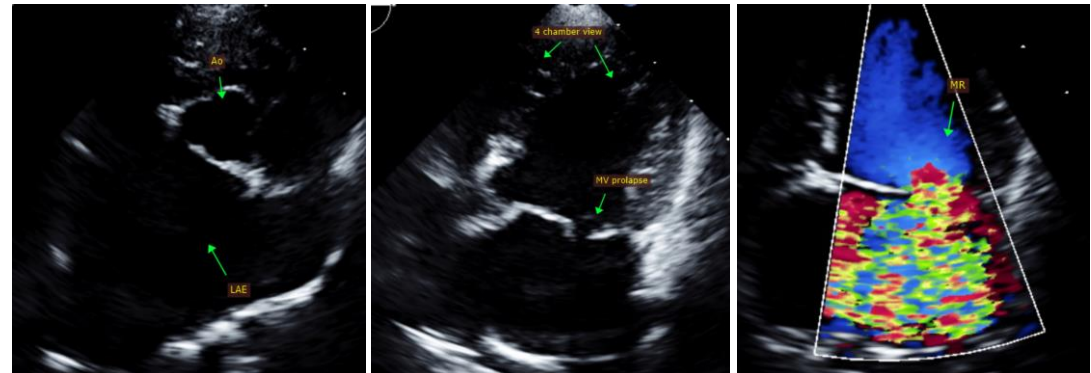
RECOMMENDATIONS

- Unless dramatic improvement with the dose increase, return Lasix to 12.5mg PO q12h.
- Continue Pimobendan as prescribed.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Decrease Enalapril to 1.25mg PO q12h.
- Monitor renal values and BP every 3-4 months lifelong.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitor sleeping breathing rates at home to screen for development of CHF.

PLAN

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

IMAGES



INTERPRETED BY

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DACVIM (Cardiology)

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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

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Echocardiogram performed by:

Pamela Harrigan, RDCS

Pet Animal Ultrasound Service (4paus.com)