



PATIENT

Cooper Marsan

SPECIES

Canine

BREED

Cocker Spaniel Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

47.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Westwood Regional
Veterinary Hospital

REFERRING VET

Dr. Hartwick

INVOICE

25061

DATE

6/29/22

PRESENTING CLINICAL SIGNS

History: Patient presents for coughing - acute onset since last night, restless, panting. History of pancreatitis. Grade 3/6 heart murmur.

-Current medications: Denamarin, Simplicef - stopped today, Ketoconazole - stopped today.

-Abnormal PE/Chem/CBC/UA Results: CPLI - abnormal. CBC: WBC 17.22, neuts and monos elevated. Chem 17: Alk. Phos. 732 (chronic, progressive).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is thickened with mild prolapse into the left atrial lumen. There is severe eccentric mitral regurgitation present. There is severe left atrial enlargement. There is mild left ventricular dilation. Left ventricular systolic function is mildly depressed. There is normal systolic flow velocity across the aortic valve. The aortic valve appears thickened yet trileaflet with normal mobility. The main pulmonary artery is dilated. Moderate right atrial and ventricular dilation. The tricuspid valve is thickened with mild to moderate tricuspid regurgitation. Velocity consistent with moderate pulmonary hypertension. No pulmonic or aortic insufficiency. Scant pericardial effusion seen. No obvious pleural effusion identified. Severe hepatic congestion noted on subcostal images. No cardiac masses are seen.

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	5.1	3.5	NM	2.5	40	74	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	100	1.7	1.2	21.5	4.0	5.0	3.0
*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

Chronic degenerative valve disease causing severe mitral and mild to moderate tricuspid regurgitation is identified. Severe left atrial and ventricular dilation indicates the risk for spontaneous left-sided congestive heart failure is elevated. The systolic function is mildly depressed, which should be monitored going forward. Additionally, there is mild right heart



PATIENT

Cooper Marsan

enlargement with at least moderate pulmonary hypertension, which puts the patient at risk for right-sided congestion, and/or syncope.

SPECIES

Canine

Given the degree of structural disease in addition to hepatic congestion, the diagnosis is likely biventricular CHF and life-long cardiac supportive medications are recommended as below. A baseline ECG, blood pressure and CXR are recommended. Hydrocodone can be utilized for any residual cough in the face of normal breathing rates.

BREED

Cocker Spaniel Mix

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a worsening cough, labored breathing, exercise intolerance or worsening collapse episodes. Monitoring of sleeping breathing rates is recommended as the best way to screen for progression to CHF at home. Unfortunately, there is high risk for spontaneous CHF, worsening cough and/or malignant arrhythmias and sudden death in the future. The prognosis with this degree of disease is poor, with most dogs able to maintain a good QOL on medications for an average of 8-12 months.

SEX

Male Neutered

AGE

12 years

Elective anesthesia is not advised.

WEIGHT

47.3lbs

PLAN

Initiate spironolactone 1-2mg/kg PO q12h. Institute Sildenafil 1-2mg/kg PO 8h. Administer Lasix 1-2mg/kg PO q12h. Administer Pimobendan 0.3mg/kg PO q12h. Recommend baseline BP, ECG and radiographs as discussed. If the patient is or becomes unstable, immediate hospitalization is recommended.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

Recheck renal values and BP in 1-2 weeks, then every 3-4 months on diuretic therapy. If BP is >130mmHg and patient is doing well at home, institute ACEI 0.5mg/kg PO q12h (if hypotensive do not utilize). Hydrocodone if needed.

IMAGING PERFORMED BY

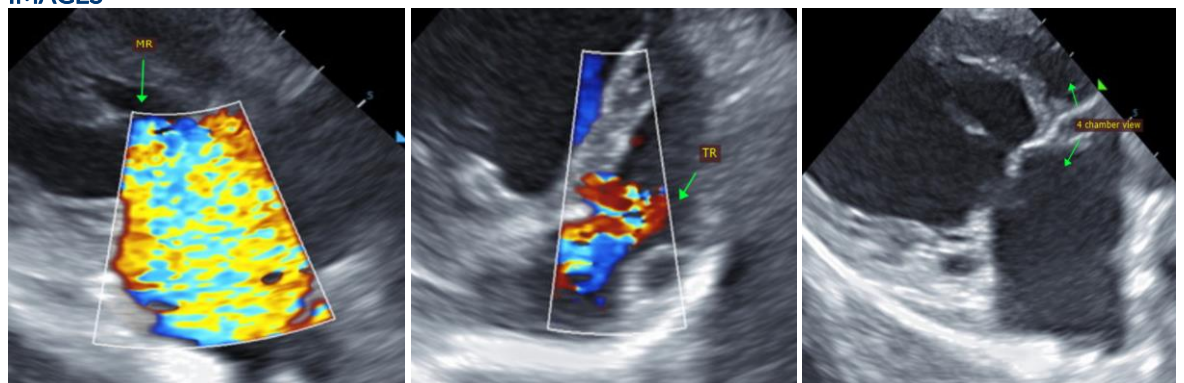
Kelly Vazquez, CVT

A recheck echocardiogram is recommended in 4-6 months to screen for progression, sooner if clinical signs arise.

HOSPITAL NAME

Westwood Regional
Veterinary Hospital

IMAGES



REFERRING VET

Dr. Hartwick

INVOICE

25061

DATE

6/29/22



PATIENT

Cooper Marsan

SPECIES

Canine

BREED

Cocker Spaniel Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

47.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Westwood Regional
Veterinary Hospital

REFERRING VET

Dr. Hartwick

INVOICE

25061

DATE

6/29/22

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