



PATIENT
Dunkin Wyse

SPECIES
Canine

BREED
Cavalier

SEX
Male Neutered

AGE
10 years

WEIGHT
22.2lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary
Services

REFERRING VET
Dr. Masloski

INVOICE
25052

DATE
6/29/22

PRESENTING CLINICAL SIGNS

History: Dunkin was referred to evaluate a heart murmur noted in October 2020. Arrhythmia noted in July 2017 (occasional APCs). In December presented to ER for coughing - Chest films revealed cardiomegaly with perihilar edema. Started on Pimobendan, Enalapril, and Lasix. He continues to cough several times a day, primarily when excited and after drinking water. Some labored breathing at home with a fair amount of panting. Continues to eat well but is a bit lethargic. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, mild inspiratory crackles left lung fields. BP: 120 mmHg x 5. Current medications: 1) Pimobendan/vetmedin 2.5mg 1 tab twice a day 2) Enalapril 5mg 1 tab twice a day 3) Lasix/furosemide 12.5mg 1 tab twice a day 4) Spironolactone 25mg 1/4 tab daily *No sedation for study.

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 normal.

Left atrium: The left atrium is markedly dilated.

Mitral valve: The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.

Aortic valve/Aorta: The aortic valve is normal. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: The right ventricle is minimally enlarged.

Right atrium: Minimal RA dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation; velocity consistent with moderate pulmonary arterial hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow. The MPA and branches are minimally dilated.

Pericardium/other: Scant pericardial effusion noted. No pleural effusion. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 170bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	4.7
LA:Ao (Swe)	2.9
IVS thickness (cm)	0.7
LVID diastole (cm)	4.8
PW thickness (cm)	0.7
LVID systole (cm)	2.3
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	4.9
TR Vmax (m/s)	3.9
TR PG (mmHg)	60

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral and moderate tricuspid regurgitation. Significant left heart enlargement indicates the risk for congestive heart failure is elevated. There is moderate pulmonary hypertension present, which puts the patient at risk for right-sided issues as well. No additional issues are identified.



PATIENT
Dunkin Wyse

Scant pericardial effusion (PCE) is identified. In a patient with this degree of heart disease, PCE is either due to a small left atrial tear (leading to hemorrhage into the pericardial space) or right ventricular failure. The latter is more likely given the history, and more aggressive treatment is recommended as below including Sildenafil therapy.

SPECIES
Canine

Mild activity restriction is advised.

BREED
Cavalier

The prognosis is poor long term, with a predicted survival time of <6 months. Patient will always be at high risk for recurrent biventricular CHF, LA tear, progressive cough and/or malignant arrhythmias/sudden death in the future.

RECOMMENDATIONS

SEX
Male Neutered

- Increase Lasix to 12.5mg am, 6.25mg mid-day and 12.5mg pm.
- Decrease Enalapril to 2.5mg PO q12h.
- Continue Pimobendan as prescribed.
- Increase Spironolactone to 6.25mg PO q12h.

AGE

10 years

- Institute Sildenafil 10mg PO q12h.
- Consider Hydrocodone for quality of life.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

WEIGHT

22.2lbs

- Elective anesthesia is not advised.
- Strict activity restriction.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PLAN

- Recheck renal values in 1-2 weeks, then every 3-4 months on diuretic therapy.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

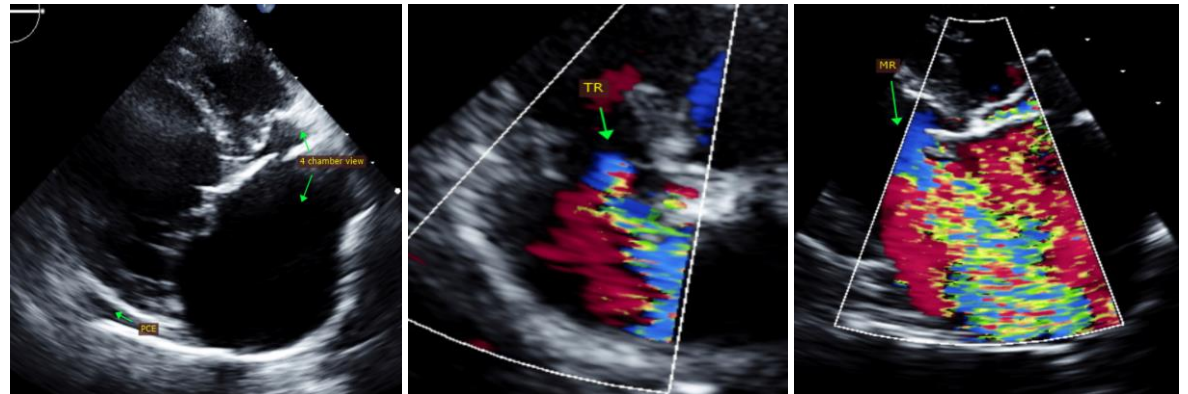
HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

IMAGES



INVOICE

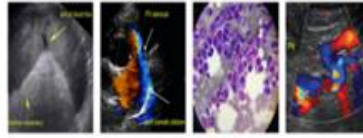
25052

DATE

6/29/22



Mass Veterinary
Services



SonoPath
Clinical Sonography & Telectology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Dunkin Wyse

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.

SPECIES
Canine

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.

BREED
Cavalier

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

SEX
Male Neutered

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

AGE
10 years

WEIGHT
22.2lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary
Services

REFERRING VET
Dr. Masloski

INVOICE
25052

DATE
6/29/22