



PATIENT

Roxy Aoude

SPECIES

Canine

BREED

Pomeranian

SEX

Female Spayed

AGE

11.9 years

WEIGHT

15.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amy Mayhew., LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Wixom Family Pet
Practice

INVOICE

25043

DATE

6/29/22

PRESENTING CLINICAL SIGNS

History: Acute episode of weakness and ataxia last week. Decreased appetite. Pants excessively. Chronic hepatopathy
-AUS results (12/2021): Liver pathology with trace ascites. Early mucocele BP: 139mmHg.
-Current Medications: Galliprant 10mg PO SID, Denamarin 90mg PO SID, Potassium Bromide 375mg

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Mild cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

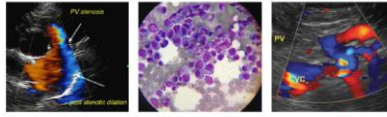
2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with minimal prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with borderline moderate left atrial dilation. Normal MR velocity. Minimally increased LV diameter with adequate myocardial function. The tricuspid valve appears subjectively normal, with trivial tricuspid regurgitation. 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.

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	5.5	NA	NM	1.6	47	90	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	NM	1.1	0.9	7.0	2.4	3.3	1.7
*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 moderate mitral and trivial 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. No additional issues are identified.

**PATIENT**

Roxy Aoude

Given the risk for progression and results of the EPIC trial, Pimobendan is indicated in this patient as below. This is considered a conservative recommendation given the borderline results seen here. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

SPECIES

Canine

No correlation between these findings and patient history of ataxia, etc. is suspected. The vast majority of patients with early B2 disease (as is seen here), remain asymptomatic for some time.

BREED

Pomeranian

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

Female Spayed

Once on the medication for 3-5 days, 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

11.9 years

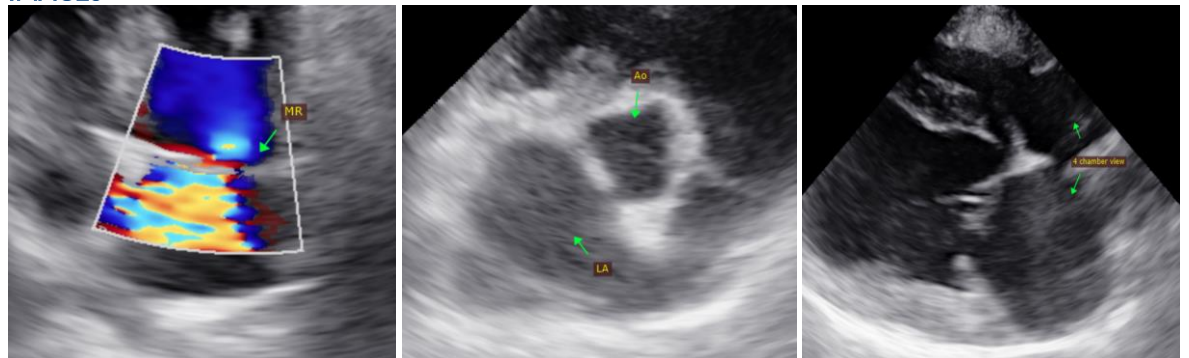
PLAN

Institute heart muscle support Pimobendan 0.25-0.3mg/kg PO q12h.

WEIGHT

15.4lbs

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

IMAGES**INTERPRETED BY**

Maggie Machen Lamy,
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(Cardiology)

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HOSPITAL NAME

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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.

REFERRING VET

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Practice

Thank you for this referral. 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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