



PATIENT

Scout Boule

SPECIES

Canine

BREED

Beagle

SEX

Male Neutered

AGE

10 years

WEIGHT

27lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Compassion
Veterinary Clinic

REFERRING VET

Dr. Patil

INVOICE

25098

DATE

6/30/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: increased coughing, lethargic. RR ~ 40. Preserved appetite. BP - average of 3: 129/77; mean 95; HR 134bpm. Radiographs 6/25/22: marked cardiomegaly.
-Pertinent previous echo findings (3/15/22 Rebecca Malakoff, DVM, DACVIM-Cardiology) 2D 4.41 cm; LA:Ao 2.26. M-mode: LV 4.45 cm; LA 3.93 cm; LA:Ao 2.22; severe LAE; moderate-severe LVE; severe MR; mild TR (2.69 m/s; 29 mmHg) - progressed from prior study on 12/21/21.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: Significant LV dilation with increased sphericity and hyperdynamic myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium and auricle are marked dilated.
Mitral valve: Diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Marked eccentric mitral regurgitation with a normal velocity.
Aortic valve/Aorta: The aortic valve is thickened with normal mobility. Mildly elevated aortic outflow velocity; laminar flow. No AI.
Right ventricle: Mild RV dilation.
Right atrium: Mild right atrial dilation.
Tricuspid valve: The tricuspid valve appears thickened with moderate tricuspid regurgitation. Moderately elevated velocity consistent with pulmonary hypertension.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal with normal pulmonic outflow velocity. No pulmonic insufficiency.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 180bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	4.5
LA:Ao (Swe)	2.8
IVS thickness (cm)	0.74
LVID diastole (cm)	4.0
PW thickness (cm)	0.76
LVID systole (cm)	2.0
FS (%)	49

Doppler Measurements

PV Vmax (m/s)	0.76
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.0
TR Vmax (m/s)	3.5
TR PG (mmHg)	50

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing marked mitral and moderate tricuspid regurgitation. Marked left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Moderate TR is also noted, with evidence of moderate pulmonary hypertension and mild right heart dilation. No additional issues such as systolic dysfunction are identified. Compared to the prior study, there is certainly evidence of progression.

Given a reported cough and severity of disease seen here, there is concern for early congestive heart failure. Institution of full lifelong cardiac support is recommended as below. Hydrocodone can be used if needed for quality of life if a mechanical cough persists despite normal sleeping breathing rates. Close monitoring of breathing rates is recommended to determine a mechanical cough from recurrent pulmonary edema. Without associated clinical signs, such as syncope, it is assumed that PAH is secondary to



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chronic LA pressure elevation and active congestion. Should the patient develop any syncope in the future, I would not hesitate to institute Sildenafil as well.

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The average survival of canine patients once pulmonary edema is diagnosed is 8-9 months on medications; however, they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of renal values is recommended lifelong.

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RECOMMENDATIONS

- Institute Spironolactone, 1-2mg/kg PO q12h.
- Institute Lasix 1-2mg/kg PO q12h.
- Institute Pimobendan 0.3mg/kg PO q12h.
- If needed, institute Hydrocodone if needed, 0.2 - 0.4 mg/kg PO up to q4-6 hours PRN for cough (available in 5/1.5mg tablets or 5mg/5ml solution).
- Elective anesthesia is not advised.
- Monitor for development of a cough, collapse episodes, significant lethargy in the future. Monitoring of sleeping breathing rates is recommended best way to screen for CHF in the future.

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PLAN

- Monitor renal values and BP in 1-2 weeks and then every 3-4 months on medications. If >130mmHg and patient is doing well at home, institute ACE-I 0.5mg/kg PO q12h.
- If syncope develops in the future, institute Sildenafil 1-2mg/kg PO q12h.
- A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise in the interim.

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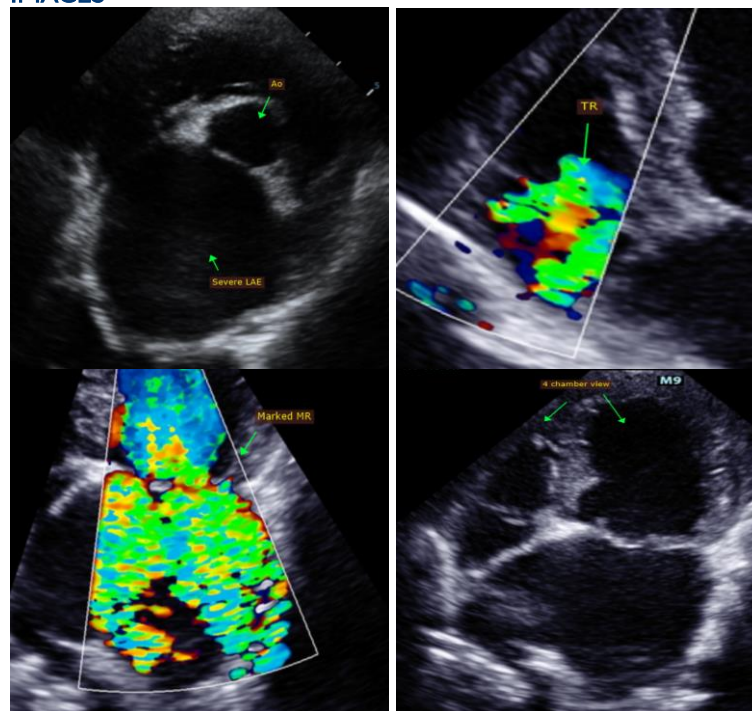
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IMAGES





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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.

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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.

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