



PATIENT

Griffin Bongo

SPECIES

Canine

BREED

Cavalier

SEX

Male Neutered

AGE

15 years

WEIGHT

14.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Marsh Animal
Hospital

REFERRING VET

Dr. Milwicki

INVOICE

31628

DATE

6/30/23

PRESENTING CLINICAL SIGNS

History: Chronic enteritis since February. Chronic heart murmur.

-Current medications: Furosemide 6.25mg SID, Pimobendan 1.25mg BID, Tylan BID, Cardalis 1 SID.

-Abnormal PE/Chem/CBC/UA Results: Folate >24.0, RBC 4.93, Hct 33.7, Hgb 11.1, Chole 193, Triglyc 64, Amylase 879, Lipase 179, Creatine Kinase 536.

*AUS: Shows ascites with hepatic congestion.

ECHOCARDIOGRAM FINDINGS

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

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	5.8	5.0	2.4	2.4	50	92	0.1
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	150	1.8	0.7	6.7	3.8	3.8	1.9
*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 moderate tricuspid regurgitation is identified. Severe left atrial dilation indicates the risk for spontaneous left-sided congestive heart failure is elevated. Additionally, there is severe pulmonary hypertension based upon the TR velocity and appearance of the right heart, which puts the patient at risk for right-sided congestion, and/or syncope. Given these findings, the ascites and pericardial effusion is most



PATIENT

Griffin Bongo

likely cardiogenic in origin and warrants full lifelong cardiac supportive medications including diuretics as below.

SPECIES

Canine

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.

BREED

Cavalier

SEX

Male Neutered

Elective anesthesia is not advised.

AGE

15 years

PLAN

Therapeutic abdominocentesis as needed for discomfort/inappetence. Continue Spironolactone 1-2mg/kg PO q12h. Institute Sildenafil 1-2mg/kg PO 8h. Increase Lasix to 1-2mg/kg PO q12h. Continue Pimobendan 0.25-0.3mg/kg PO q12h. Continue ACE-I 0.5mg/kg PO q12h (pending BP >130mmHg).

WEIGHT

14.7lbs

Recheck renal values and BP in 1-2 weeks, then every 3-4 months on diuretic therapy.

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

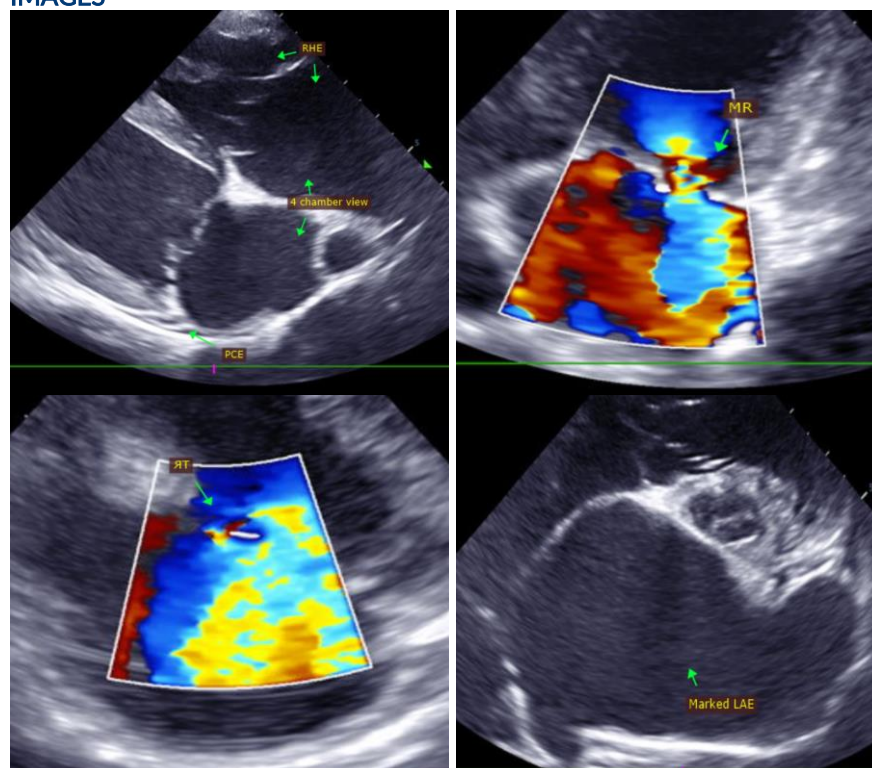
INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGES

IMAGING PERFORMED BY

Jessica Miller



HOSPITAL NAME

Marsh Animal Hospital

REFERRING VET

Dr. Milwicki

INVOICE

31628

DATE

6/30/23



PATIENT

Griffin Bongo

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

AGE

15 years

WEIGHT

14.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

Marsh Animal
Hospital

REFERRING VET

Dr. Milwicki

INVOICE

31628

DATE

6/30/23