

PATIENT

Burger Boileau

SPECIES

Canine

BREED

Beagle

SEX

Male Neutered

AGE

8 years

WEIGHT

51.1lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: May 6, 2022: Burger presented to ER for significant coughing. Radiographs showed cardiomegaly; LAE; mild unstructured interstitial pattern caudal dorsal lung fields. +/- early CHF. He was started on Pimobendan and Lasix. He presents here today for further evaluation and echocardiogram. He has a good appetite. The cough frequency has improved since starting heart medications - coughs when excited. Per owner, he does have some occasional labored breathing noted. He sneezes frequently and tends to be pruritic. Burger has been a bit PU/PD with the Lasix. On exam today: transient arrhythmia, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 140mmHg x 5. Current medications: 1) Pimobendan/vetmedin 5mg 1 tab twice a day 2) Lasix/furosemide 40mg 1 tab twice a day *Sedated with propofol for study

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: Moderate LV dilation with hyperdynamic myocardial function.

Left atrium: The left atrium is severely dilated.

Mitral valve: Diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.

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

Right ventricle: No RV dilation.

Right atrium: No right atrial dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened, with mild tricuspid regurgitation. Normal velocity.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

24606

DATE

6/7/22

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	4.5
LA:Ao (Swe)	2.8
IVS thickness (cm)	0.88
LVID diastole (cm)	4.7
PW thickness (cm)	0.87
LVID systole (cm)	2.8
FS (%)	40

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.0
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. No additional issues are identified.

In light of the prior clinical signs, chest radiographs evaluation and severity of disease on echocardiogram, the diagnosis is congestive heart failure and continued medications are warranted lifelong as below. Note medication changes below.

The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that



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period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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RECOMMENDATIONS

- Administer Lasix/furosemide 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- Administer Pimobendan 0.25-0.3 mg/kg PO q12h.
- Institute ACEI 0.5mg/kg PO q12h.
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

PLAN

- Monitor renal values and BP in 10-14 days, then every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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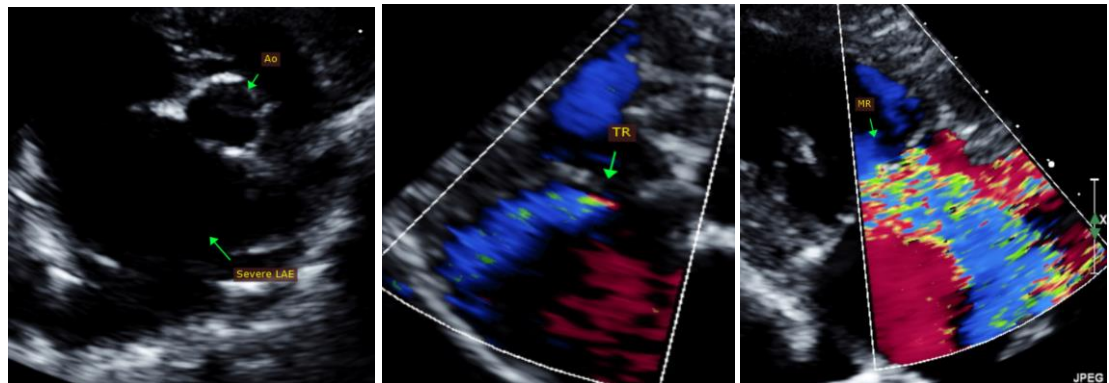
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IMAGES



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.

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