

**PATIENT**

Paris Bonolis

SPECIES

Canine

BREED

Beagle Mix

SEX

Female Spayed

AGE

10.22.06

WEIGHT

30lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo . Doing well clinically at home.

-Pertinent abnormal PE/Chem/CBC/UA Results: BUN: 43, Creat: 1.4, USG: 1.046

-Current medications: Pimobendan 2.5mg 1.5 BID.

-Blood pressure: 160mmHg.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (11/2021 MML): Moderate MR, mild LAE, normal LV, trace TR. LA: 2.8, LV; 3.4.

-STAT: Not requested

-Imaging performed by: Stephanie Pearce RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Normal LV with adequate myocardial function. The tricuspid valve appears normal with mild tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic valve is normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. Aortic and pulmonic valve appears normal with no obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART**INTERPRETED BY**Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)**HOSPITAL NAME**Perry Hall Animal
Hospital**REFERRING VET**

Dr. Miller

INVOICE

24630

DATE

6.7.22

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	5.3	2.6	NM	1.5	45	77	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	66	1.4	1.0	13.6	2.7	3.6	2.0
*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)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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)

Adapted from June Boon, Veterinary Echocardiography, 1998
 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
 Hansson et al, Vet Rad and Ultrasound 2002
 Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with evidence of stability. The left heart dimensions are unchanged, and no additional issues are identified.

Given these findings, continue Pimobendan as prescribed. Prognosis remains guarded at this time stage (B2).

Anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso/sevo gas) are recommended. Preoxygenate for 5-10 min prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and postoperatively 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.

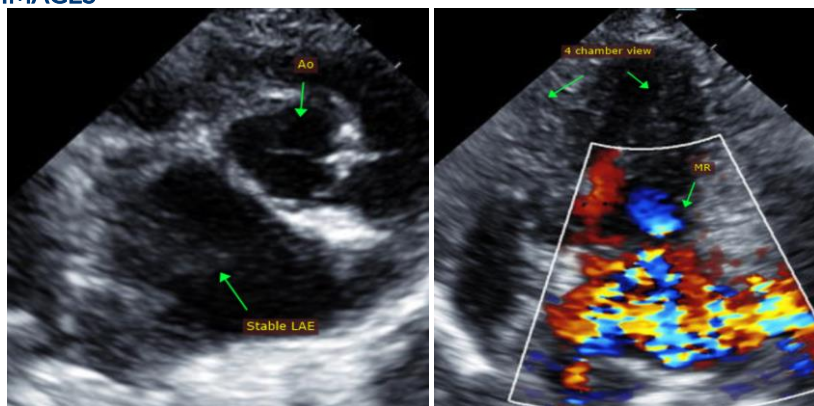
Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of an acutely progressive cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

Continue Pimobendan as prescribed.

A recheck echocardiogram is recommended in 6-8months to screen for progression, sooner if clinical signs arise.

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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