



PATIENT

Coco Trautman

SPECIES

Canine

BREED

Havanese

SEX

Female Spayed

AGE

13 years

WEIGHT

13.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Whippany Veterinary
Hospital

REFERRING VET

Dr. Cordero

INVOICE

24674

DATE

6/8/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Went to ER on 5/25 for labored breathing.
 -Current medications: Spironolactone 25mg 1/2 tab PO SID (since 6/4), Furosemide 12.5mg 1 tab PO q8h (since 5/24 was increased from q12h to q8h on 6/4), Pimobendan 1.25mg BID (2/9/22).
 -Abnormal PE/Chem/CBC/UA Results: Chronic elevation of ALKP 1172 (slightly higher after Lasix), BUN 36 (new elevation post Lasix) UA: pH 6 , SG 1.018 (1 wk on Lasix 5/31/22)
 -Pertinent previous echo findings (2/2022 EL): CVD B2, Pimobendan recommended.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Marked thickening of mitral valve leaflets with significant prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. Normal MR velocity. Moderate LV dilation with hyperdynamic myocardial function. The tricuspid valve appears thickened with septal prolapse and moderate TR. Mild right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal aortic and pulmonic outflow velocities with laminar flow. No AI/PI. No pericardial or pleural effusion noted. No obvious cardiac masses.

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	5.4		NM	2.3	53	85	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	183	1.1	0.7	6.2	3.2	3.8	1.8
*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 persists with evidence of progression. Severe mitral and moderate tricuspid regurgitation are identified. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Early pulmonary hypertension is suspected, which is likely secondary to chronic LA pressure elevation. No additional issues are identified.



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In light of the recent clinical signs and severity of disease on echocardiogram, the diagnosis is congestive heart failure is supported and continued medications are warranted lifelong as below. Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home. 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. 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 period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for acute progression of the cough, labored breathing, exercise intolerance or collapse episodes in the future.

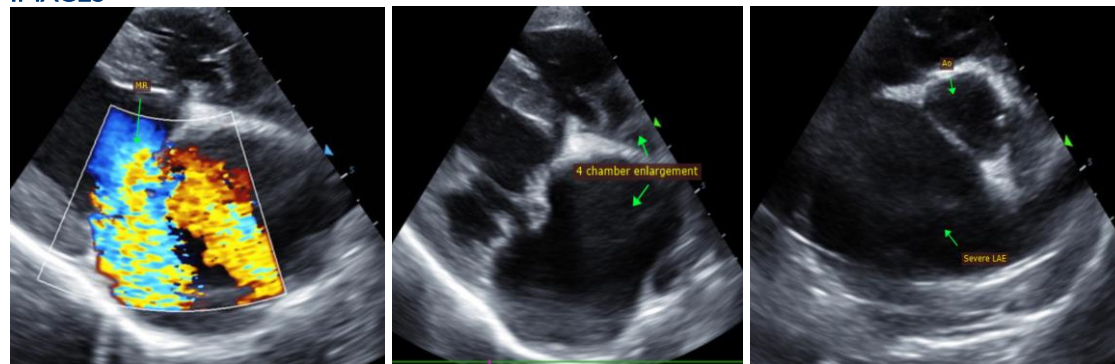
PLAN

BP recommended. Administer Pimobendan 0.3mg/kg PO q12h. Continue Lasix as prescribed, If the patient is doing well at this dose. Pending BP >130, continue ACE-I 0.5mg/kg PO q12h. Administer spironolactone 1-2mg/kg PO q12h.

Monitor SRRs at home. Monitor renal values in 10-14 days, then every 3-4 months while on diuretics. Consider hydrocodone if needed for QOL.

Recommend conservative monitoring with a recheck echocardiogram in 4-6 months, sooner if any development of associated clinical signs occurs in the interim.

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.

Maggie Machen Lamy, DVM
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