

PATIENT

Hudson Cameron Nordell

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Male Neutered

AGE

16.9 years

WEIGHT

15.2lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Brian Barnes, DVM

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr. Barnes

INVOICE

24663

DATE

6/8/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 3/6 heart murmur. BP: 169mmHg.

-Current medications: Vetmedin 2.5mg BID, Enalapril mg BID, Spironolactone 25mg x 1/2 BID, Diltiazem 30g x 1/4 TID.

-Pertinent previous echo findings (10/2021 MML): Moderate to severe MR, severe LAE, mild LVE, mild AI, mild TR, early PAH: 2.8m/s. LA: 3.7, LV: 3.4/1.9.

-Sedation: Ace 0.1mg, Torb 1mg IV

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is markedly thickened (anterior>posterior leaflet) with significant prolapse into the left atrial lumen. There is moderate to severe eccentric mitral regurgitation present. The MR velocity is normal. There is severe left atrial enlargement. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. Normal LVOT velocity. The aortic valve appears trileaflet with normal mobility. Mild aortic insufficiency. The main pulmonary artery is normal in diameter. The pulmonic valve is normal in appearance. Normal flow across the pulmonic valve. Trace PI. Normal right atrium. Normal right ventricle. Mild thickening of the tricuspid valve with mild tricuspid regurgitation. Velocity consistent with early PAH. No pericardial/pleural effusion or cardiac masses are seen.

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	4.9	2.8	2.5	2.5	50	83	0.2
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	NM	1.4	1.1	6.9	3.6	3.6	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

Severe disease persists without evidence of significant progression. Leaks remain in all four valves with stable left and right heart dimensions. Pulmonary hypertension is unchanged, and no additional issues are identified. The reported BP is mildly elevated, which should be monitored going forward in light of aortic insufficiency.



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Given these findings, recommend continue all medications as prescribed. Occasional premature beats are noted throughout the study and a screening ECG is recommend, in light of Diltiazem. Long term prognosis remain guarded with high risk for CHF, development of arrhythmias/LA tear, syncope, and/or sudden death in the future.

SPECIES

Canine

Omega fatty acid supplementation and mild salt restriction remain recommended. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Serial monitoring of SRRs is recommended as the best way to screen for progression towards CHF at home.

BREED

Jack Russell Terrier

Elective anesthesia is not advised.

SEX

Male Neutered

PLAN

Continue Pimobendan, Spironolactone, Enalapril and Diltiazem as previously recommended. Monitor ECG and BP every 6 months.

AGE

16.9 years

Recommend conservative monitoring with a recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise.

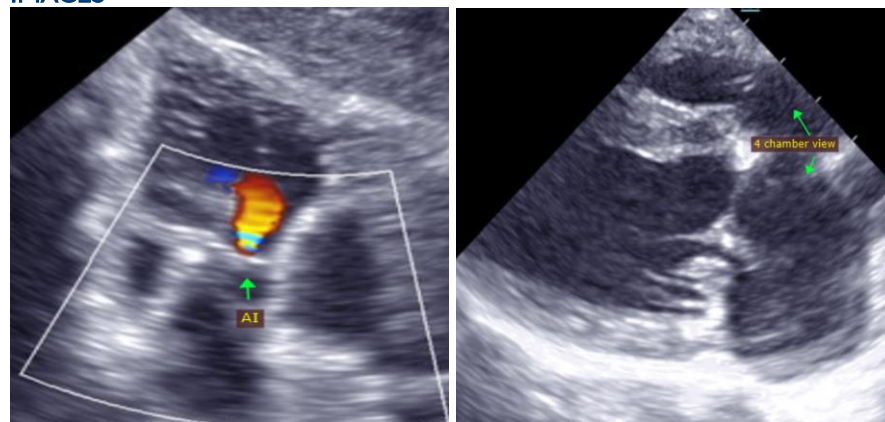
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Barnes

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.

INVOICE

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