



PATIENT

Oolee Chakoff

SPECIES

Canine

BREED

Maltese Mix

SEX

Female Spayed

AGE

10 years

WEIGHT

7.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Millburn Veterinary
Hospital

REFERRING VET

Dr. Turowsky

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 5/6 heart murmur. Asymptomatic.

-Current medications: Pimobendan 1.25mg AM + 0.625mg PM.

-Pertinent previous echo findings (2019 MML): Moderate MR, moderate LAE, mild LVE, moderate TR, no PAH.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Moderate to severe mitral regurgitation with moderate to severe left atrial dilation. Mild LV dilation with hyperdynamic myocardial function. Normal MR velocity. The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. . Normal right atrial and ventricular dimensions (subjective) indicate early pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No pulmonic and mild aortic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

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	2.6	2.0	2.2	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	156	1.7	0.7	3.3	2.7	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 slight progression. The left heart is similar to previous with development of pulmonary hypertension. An aortic leak has developed, and lifelong blood pressure monitoring is advised. No additional issues are identified.

INVOICE

24673

DATE

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Given these findings, continue Pimobendan as prescribed. Additionally, pending BP assessment an ACE-I is recommended. No additional medications are indicated at this time.



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Anesthetic risk is considered mildly elevated however cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso/sevoflurane gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively 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.

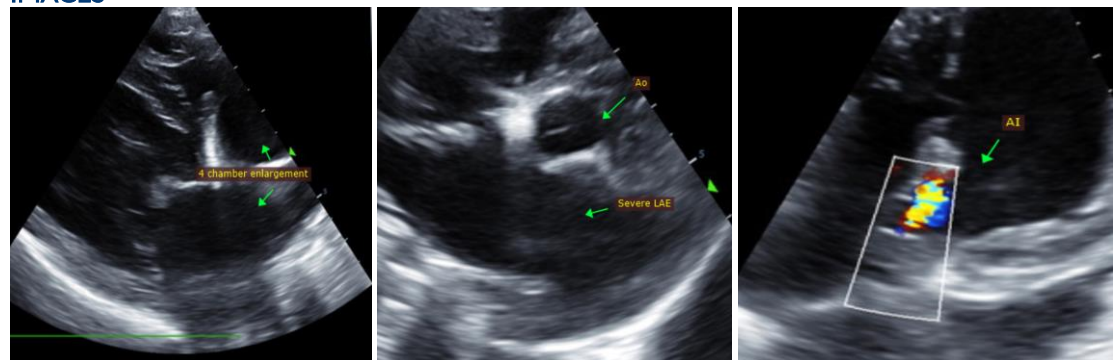
Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes

PLAN

Continue Pimobendan as prescribed. Baseline BP recommended, >130mmHg institute ACE-I 0.5mg/kg PO q12h.

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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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