



PATIENT

Sacha Acevedo

SPECIES

Canine

BREED

Dachshund

SEX

Female

AGE

13 years

WEIGHT

15.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Martes

INVOICE

24643

DATE

6/8/22

PRESENTING CLINICAL SIGNS

History: Persistent cough. Has been on treatment with theophylline and cough tablets with no improvement. Grade 5/6 heart murmur.

-Radiographs: Cardiomegaly, no CHF.

-Current medications: Amlodipine 2.5mg 1/4 tablet SID, Enalapril 5mg 1 tablet morning, 1/2 tablet evening, Vetmedin 5mg 1/2 tablet BID.

-Abnormal PE/Chem/CBC/UA Results: CBC: unremarkable CHEM: ALT 166 U/L (10 - 125) Rest WNL.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and Doppler imaging are available. Marked thickening of mitral valve leaflets (anterior > posterior) with prolapse into the left atrial lumen. Marked eccentric mitral regurgitation with severe left atrial dilation. Moderate LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened, with mild to moderate tricuspid regurgitation. Mild right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No pulmonic or aortic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed. Isolated VPCs noted (single lead ECG att).

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	5.5	NM	NM	2.3	41	73	0.26
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	1.1	1.3	7.1	3.1	3.3	1.9
*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

The cause of the murmur is chronic degenerative valve disease causing severe mitral and mild to moderate tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Mild to moderate TR is also noted, with suspicion for early pulmonary hypertension. Finally, isolated VPCs are noted throughout the study. A screening ECG is strongly recommended. No additional issues such as systolic dysfunction are identified.



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The described cough is likely multi-factorial in origin, including a mechanical component due to cardiomegaly, possible concurrent airway disease and/or early CHF given the severity of disease. Even without obvious CHF on screening chest radiographs, given the symptoms and echo findings, full lifelong cardiac support is recommended as below including Lasix therapy. Depending on clinical response to the medications, cough suppression may also be useful. Monitoring of sleeping breathing rates in the future will be paramount to determine the origin of any future cough. The average survival 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. Monitoring of renal values is recommended lifelong.

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

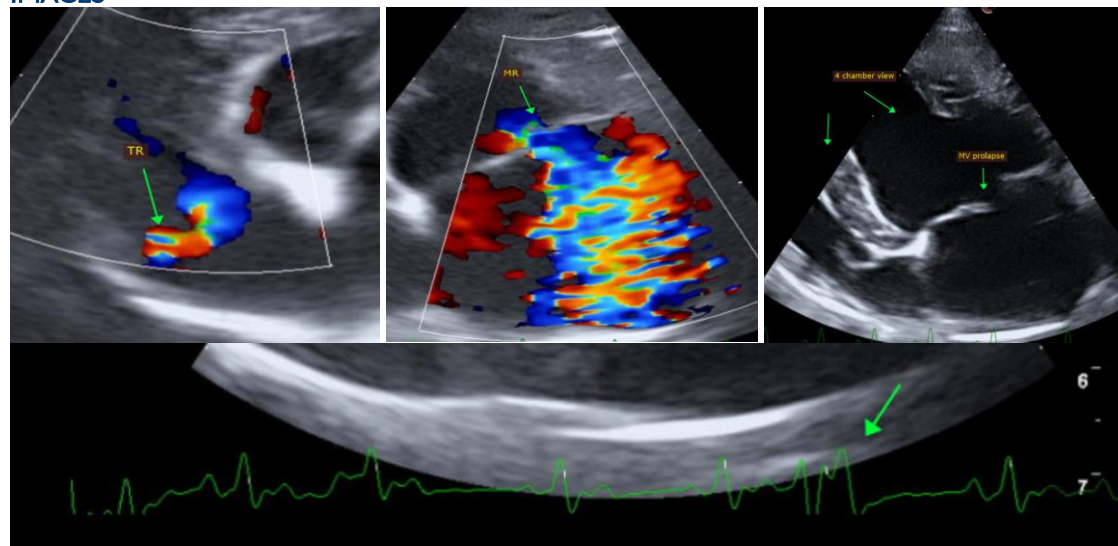
PLAN

Screening BP and ECG are recommended. Administer Pimobendan 0.3mg/kg PO q12h. Administer low dose furosemide/Lasix 1 mg/kg PO q12h. Administer spironolactone 1-2mg/kg PO q12h. Consider hydrocodone with homatropine (0.2-0.4mg/kg PO up to q4-6 hours PRN) if cough persists despite normal SRRs.

A renal panel and BP are recommended in 10-14 days, then every 3-4 months on diuretics to ensure tolerance of medications. If doing well at that time and BP >130mmHg, institute ACEI 0.5mg/kg PO q12h.

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

IMAGES





PATIENT

Sacha Acevedo

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.

SPECIES

Canine

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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Dachshund

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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