



PATIENT

Tito Bordonaro

SPECIES

Canine

BREED

Cavalier

SEX

Male Neutered

AGE

11 years

WEIGHT

23.5lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, Tito is doing well at home with no new issues or concerns. He continues to eat well with normal activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 130-140mmHg. Current medications: 1) Pimobendan/vetmedin 7.5mg 1/2 tab twice a day 2) Enalapril 5mg 1 tab twice a day 3) Sildenafil 20mg 1/2 tab twice a day 4) Spironolactone 25mg 1/2 tab twice a day 5) Amlodipine 2.5mg 1/2 tab daily *No sedation for study. -Pertinent previous echo findings (1/11/23 MML): LA 3.9 cm; LA:Ao 2.3, LV 4.2 cm; severe LAE, LVE, severe MR, trace TR (2.5 m/s).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available. **Left ventricle:** The LV diameter is increased with hyperdynamic function. LV wall thicknesses are normal. **Left atrium:** The left atrium is severely dilated. **Mitral valve:** The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity. **Aortic valve/Aorta:** The aortic valve appears thickened with borderline increased outflow velocity; laminar flow. No aortic insufficiency. **Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. **Right atrium:** Normal RA dimension. **Tricuspid valve:** The tricuspid valve appears mildly thickened with mild tricuspid regurgitation; normal velocity. **Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow. **Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses. **Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 140bpm.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

31754

DATE

7/10/23

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	3.9
LA:Ao (Swe)	2.3
IVS thickness (cm)	0.7
LVID diastole (cm)	4.2
PW thickness (cm)	0.7
LVID systole (cm)	1.8
FS (%)	56

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	5.6
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are remarkable similar. Severe MR and mild TR are unchanged. The left heart remains severely enlarged; however, there is no obvious progression seen. No pulmonary hypertension or other issues have developed.

Given these findings, continue cardiac medications as previously prescribed. No obvious indication for a Lasix in an asymptomatic patient; however, with any change in breathing this should be instituted immediately. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.



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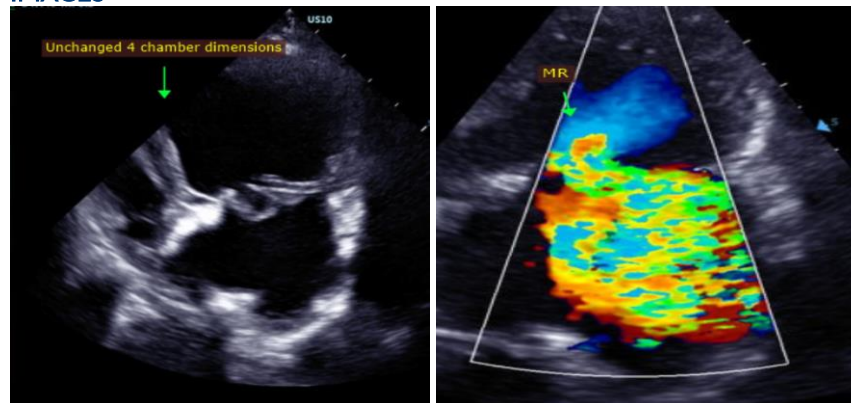
RECOMMENDATIONS

- Continue all medications as prescribed.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised, as there is high risk for complication. If necessary, cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso or sevoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 cage. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Moderate IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

- A renal panel is recommended every 3-4 months lifelong.
- Recommend conservative monitoring 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.

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)