



PATIENT

Oliver Ingram

SPECIES

Canine

BREED

Schnoodle

SEX

Male Neutered

AGE

11 years

WEIGHT

24.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Mark van Campen,
DVM

HOSPITAL NAME

Mississippi Hills
Animal Hospital

REFERRING VET

Dr. van Campen

INVOICE

31787

DATE

7/11/23

PRESENTING CLINICAL SIGNS

History: Repeat echo. Increased cough.

-Current medications: Vetmedin, spironolactone, benazepril, Furosemide 10mg q8h.

-Pertinent previous echo findings (1/31/2023 MML): severe MR, marked LAE, mild LVE, mild TR; LA 3.6, LV 3.8/1.9, LA:Ao 2.8

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with marked left atrial dilation. Normal MR velocity. Mild LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened with mild TR. Velocity consistent with mild pulmonary hypertension. Normal right atrial and ventricular diameter and morphology. 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	3.2	NM	2.5	33	60	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		1.2	0.7	11.3	3.6	3.9	2.6
*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 overall stability. Severe mitral and mild tricuspid regurgitation are similar to previous, with development of mild pulmonary hypertension. The left heart dimensions are stable, yet significantly enlarged. Marked left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. No additional issues are identified.



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Continued cardiac supportive medications are indicated as previously described. An increased cough warrants repeat CXR; however, a lack of concurrent breathing changes likely suggests recurrent CHF is unlikely. 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.

SPECIES

Canine

Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home. 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.

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SEX

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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.

AGE

11 years

PLAN

CXR/BP recommended. Continue Pimobendan 0.3mg/kg PO q12h. Continue Furosemide 1-2mg/kg PO q8-12h. Continue Spironolactone 1-2mg/kg PO q12h. Pending BP, continue ACEI 0.5mg/kg PO q12h.

WEIGHT

24.9lbs

Monitor SRRs at home. Monitor renal values and BP every 3-4 months while on diuretics.

INTERPRETED BY

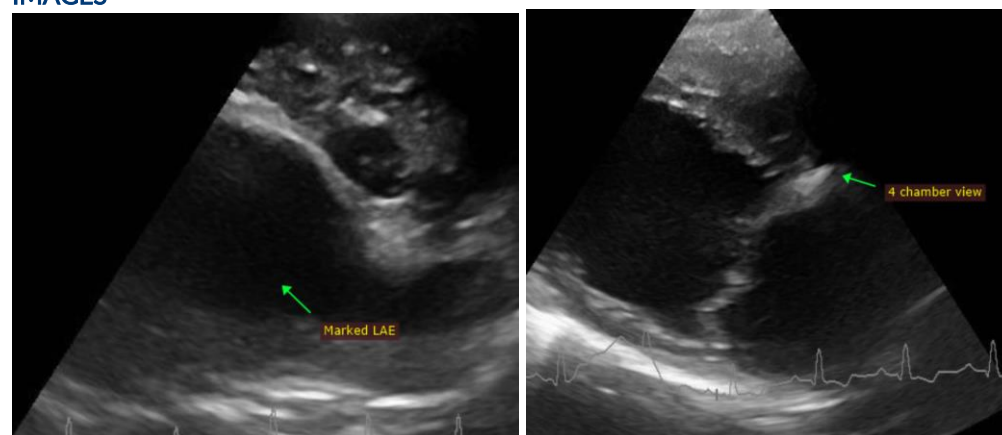
Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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

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IMAGES



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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.

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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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Oliver Ingram

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

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