



PATIENT

Sasha Prabha

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

14.9 years

WEIGHT

12.57lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Summit Dog and Cat

REFERRING VET

Dr. Vogler

INVOICE

31794

DATE

7/11/23

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: Pimobendan 2.5mg 1 Tab BID

-Pertinent previous echo findings (MML 1/2023): mod MR, mild LA/LVE, mild TR, mild PAH, mild/mod AI; LA 1.9, LV 2.9, TR 3.3; syncope, pimo recommended

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. Moderate eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Mild LV dilation with adequate myocardial function. The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. Right heart appears normal. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. Mild to moderate aortic and no pulmonic insufficiency. 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	6.5	3.0	1.5	1.5	37	69	0.16
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	105	1.6	1.4	5.7	2.4	2.9	1.5
*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 evidence of stability. Moderate mitral and mild tricuspid regurgitation are unchanged, without progressive left heart enlargement. Persistently mild left atrial enlargement indicates there is relatively low risk for imminent complication. Mild PAH is unchanged, without significant RH enlargement. Finally, the AI remains significant and lifelong BP monitoring is advised. No additional issues are identified.



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Reasonable to continue Pimobendan lifelong as prescribed with no obvious indication for additional medications. Continued assessment of progression is recommended, with a guarded prognosis (stage B1/B2). Patient may be at risk for development of CHF, arrhythmias, and/or sudden death going forward.

SPECIES

Canine

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.

BREED

Shih Tzu

Anesthetic risk remains mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo 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.

SEX

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Plan: Baseline BP recommended every 6 months. Continue Pimobendan 0.25-0.3mg/kg PO q12h.

Recommend monitor for progression.

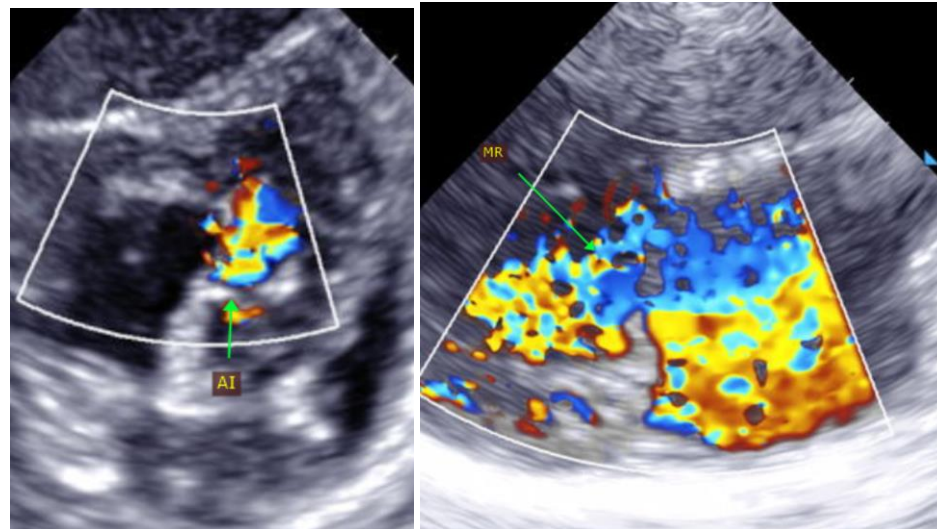
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Vogler

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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