



**PATIENT**

Jack Idroui

**SPECIES**

Canine

**BREED**

Jack Russell

**SEX**

Male Neutered

**AGE**

14 years

**WEIGHT**

28lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Eduardo Rodriguez  
III, RCS

**HOSPITAL NAME**

Compassion  
Veterinary Clinic

**REFERRING VET**

Dr. Patil

**INVOICE**

31839

**DATE**

7/13/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease- Stage B1. On 6/14/23 Jack presented for signs of syncope/seizures, especially on walks. Grade IV/VI heat murmur. Current medications: Furosemide 50 mg, 1/2 tab BID. BP: 163-173mmHg.  
-Pertinent previous echo findings (7/28/21 Rebecca Malakoff, DVM, DACVIM-C) LA 2.66 cm, LA:Ao 1.44, LV 2.92 cm, normal chamber sizes, mild MR, mild TR (2.6 m/s).

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**Left ventricle:** The LV diameter is significantly increased with hyperdynamic myocardial function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is severely dilated.

**Mitral valve:** The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with normal velocity.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** Mild right ventricular dilation. No obvious hypertrophy.

**Right atrium:** Mild RA dilation.

**Tricuspid valve:** The tricuspid valve appears mildly thickened with mild to moderate tricuspid regurgitation. Normal velocity.

**Pulmonary valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. Trivial 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 120bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.5
LA diam (cm)	3.2
LA:Ao (Swe)	2.3
IVS thickness (cm)	0.8
LVID diastole (cm)	3.5
PW thickness (cm)	0.8
LVID systole (cm)	1.3
FS (%)	63

**Doppler Measurements**

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	4.9
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease causing severe mitral and mild to moderate tricuspid regurgitation. Significant left atrial and ventricular enlargement indicates there is an elevated risk for spontaneous congestive heart failure. No additional issues are identified. Compared to B1 disease that was documented previously, there is certainly evidence of progression.

Episodes in a patient with this degree of disease are most likely cardiogenic in origin. Possible causes include poor forward blood flow leading to hypoxia with excitement (suspected), early CHF (suspected), severe pulmonary hypertension (none seen), an arrhythmia (not appreciated) and/or blood pressure swings/vasovagal event. Recommend institution of full cardiac support as below, with monitoring at home for persistent issues. Lasix is being administered without explanation. If CHF was documented previously, this should certainly be continued. Should the episodes persist in the future, repeat chest radiographs and potentially a Holter monitor may be necessary. Long term prognosis is



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poor; however, most dogs are able to maintain a good QOL on medications for an average of 8-12 months from diagnosis of CHF.

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**RECOMMENDATIONS**

- Continue Lasix 1mg/kg PO q12h.
- Institute Pimobendan 0.25-0.3mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h (available in 25 and 50mg tablets).
- Institute ACE-I 0.5mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Mild activity/stress limitation advised while maintaining QOL.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.

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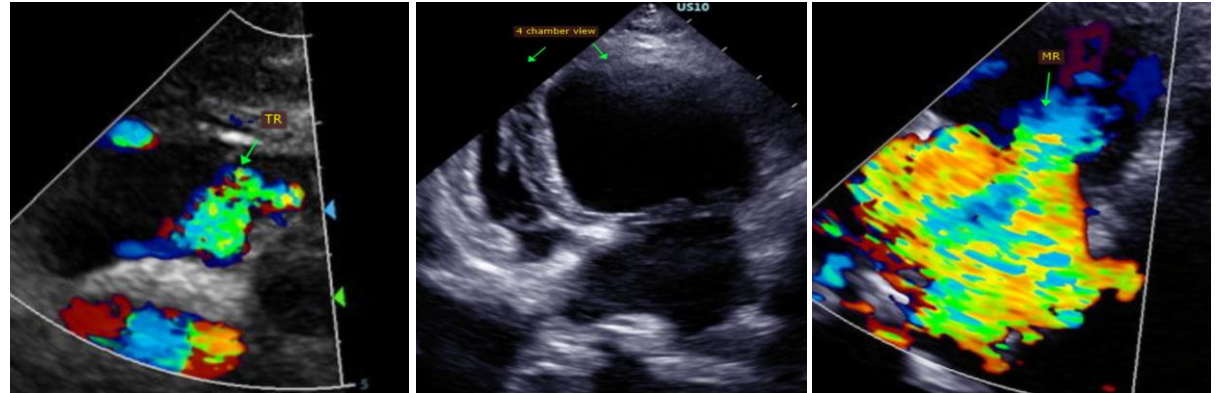
**PLAN**

- Monitor renal values and BP in 1-2 weeks then every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 4-6 months, sooner if any development of clinical signs.

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**IMAGES**



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 DACVIM (Cardiology)

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Eduardo Rodriguez III, RCS

**HOSPITAL NAME**

Compassion Veterinary Clinic

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. Patil

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.

**INVOICE**

31839

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

**DATE**

7/13/23

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