



PATIENT

Baby Mercs

SPECIES

Canine

BREED

Maltese

SEX

Female Spayed

AGE

10.5 years

WEIGHT

15lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Brian Barnes, DVM

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr. Barnes

INVOICE

31853

DATE

7/14/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Recently presented in CHF. Started on Furosemide 12.5mg BID and Pimobendan 1.5mg BID; doing better. BP: 142mmHg.

-Radiographs: Progressive cardiomegaly with cardiogenic edema. Static moderate hepatomegaly.
-Pertinent previous echo findings (1/2023 MML): Moderate MR, mild LAE, no LVE, moderate TR: 2.3m/s. LA: 2.0, LA/AO: 1.5, LV; 3.1.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with significant prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with mild left atrial dilation. E max 1.2m/s. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears thickened with moderate tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or 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	4.6	2.0	1.3	1.5	48	80	0.5
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	0.9	0.6	6.8	2.1	2.9	1.4
*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

Compared to the prior study, findings are similar. Moderate mitral and tricuspid regurgitation appear stable without progressive left or right heart enlargement. No concurrent issues have developed. It is worth noting that occasional VPCs are identified (single lead ECG attached), and a **screening ECG is recommended.**



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What is confounding in this case is the history suggests CHF was recently diagnosed. Several factors in this study would counter this diagnosis. First is there is no progressive left heart enlargement seen in this study with mild disease overall. Second, is the E max velocity (reflective of LA filling pressures) is 1.2m/s with velocities >1.4 typically seen in CHF. Third is this patient was noted to be coughing in the prior history and likely suggests a component of underlying airway disease. All that being said, CHF is a radiographic diagnosis that can only be supported by ultrasound. Reassessing chest radiographs for comparison with Lasix on board and serial interpretation may be helpful. If CHF is considered less likely, Lasix is unnecessary going forward. Given the atypical presentation in this case, reasonable to continue Pimobendan at this time.

Prognosis is linked to a recent diagnosis of CHF. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

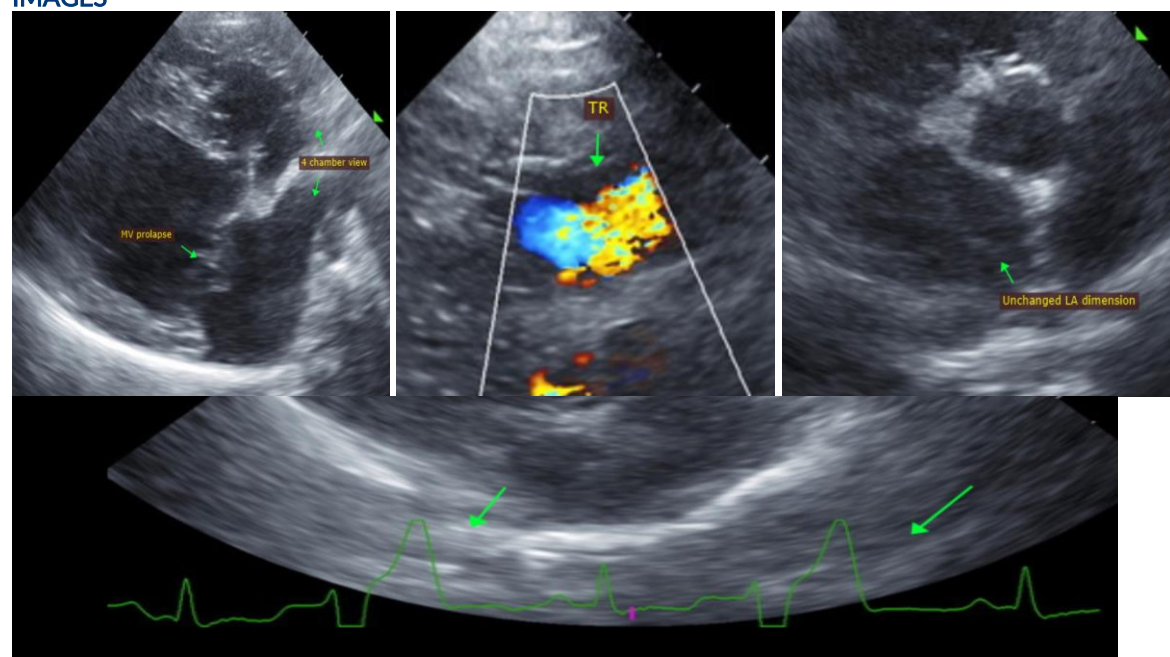
Elective anesthesia is not advised prior to further evaluation.

PLAN

Continue Pimobendan 0.3mg/kg PO q12h. Consider the recent diagnosis, continued need for Lasix, etc. ECG recommended.

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

IMAGES





PATIENT

Baby Mercs

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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Maltese

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info@sonopath.com

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