



PATIENT

Blondie DeMarco

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

9 years

WEIGHT

23.8lbs

PRESENTING CLINICAL SIGNS

History: Presented on July 5 for coughing and an episode of collapse. Grade III/VI systolic murmur. Started Pimobendan 2.5mg BID; Lasix 12.5mg, 1/4-tab BID *Sedated with butorphanol.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is thickened with a flail anterior leaflet. Ruptured chordae tendineae visualized (see below). Moderate to severe eccentric mitral regurgitation with a 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: Normal right ventricular.

Right atrium: Normal RA.

Tricuspid valve: The tricuspid valve is 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 150bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	2.3
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.7
LVID diastole (cm)	3.4
PW thickness (cm)	0.7
LVID systole (cm)	1.74
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	5.3
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

East Boston Animal
Hospital

REFERRING VET

Dr. Chopra

INVOICE

25366

DATE

7/15/22

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing moderate to severe mitral and mild regurgitation. While moderate left atrial enlargement typically indicates a low risk for imminent complication, the finding of a ruptured chord and flail leaflets dramatically raises this risk. No concurrent issues such as systolic dysfunction or PAH are noted in this study.

The finding of a ruptured chord is suspected to explain recent collapse, and there is concern for acute progression to CHF in these cases. Full cardiac support is recommended as below. Prognosis is guarded long-term with most CHF cases succumbing within 8-12 months. That being said, if the patient is able to be stabilized there is some potential for an improved outcome given a lack of significant chamber enlargement. Follow up will help dictate long term picture.



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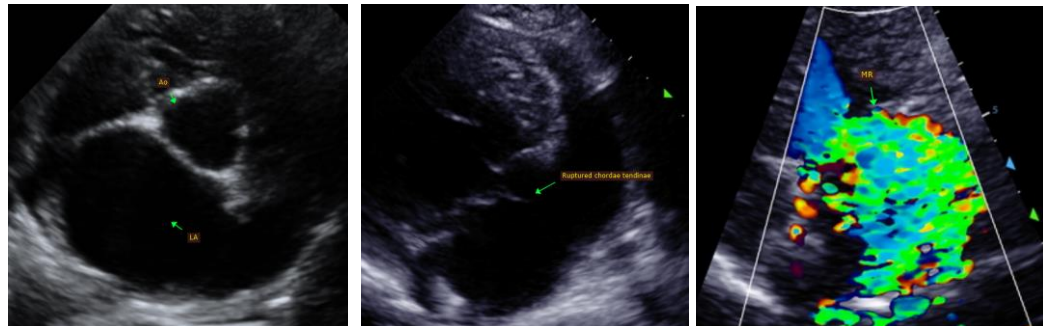
RECOMMENDATIONS

- Administer Pimobendan 0.25-0.3mg/kg PO q12h.
- Administer Lasix 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised at this time.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitor sleeping breathing rates at home as the best way to monitor for recurrent issues.

PLAN

- Recheck renal panel/BP in 1-2 weeks to ensure tolerance of medications, then every 3-4 months lifelong. If patient is doing well and BP is >130mmHg, institute ACE-I 0.5mg/kg PO q12h.
- 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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