



PATIENT

Benny Jaggard

SPECIES

Canine

BREED

Goldendoodle

SEX

NP

AGE

13 years

PRESENTING CLINICAL SIGNS

History: History of heart disease. Current tachycardia with an arrhythmia. Suspect ascites.
-Current medications: Vetmedin 5mg 2 cap q12h (normally on Pimobendan 10mg/ml 1ml q12h); Enalapril 10mg 1-tab q12h; Fortiflora 1 pack q24h
-Abnormal PE/Chem/CBC/UA Results: Bloodwork WNL and abdominal tap provided small amount of serosanguineous fluid.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior> posterior) with no prolapse into the left atrial lumen. Severe mitral regurgitation with severe left atrial dilation. Increased LV diameter with mild LV dysfunction. The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. TR velocity is mildly elevated. Mild to moderate right heart enlargement. No obvious RVH. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion. No cardiac tumors observed. Irregular tachyarrhythmia noted.

CARDIAC CHART

WEIGHT

48.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Beatties Pet Hospital
Ancaster

REFERRING VET

Dr. Davis

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	4.5	3.0	NM	2.9	38	70	0.7
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	NM	1.5	22.0	5.5	5.5	3.3
*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 causing severe mitral and moderate tricuspid regurgitation. The patient has a tachyarrhythmia (heart rate is 200bpm on echo) as well which is suspected to be atrial fibrillation (cannot rule out intermittent SVT/VT without an ECG). Marked 4 chamber dilation is present and evidence of right-sided congestion (ascites), which is likely secondary to the tachyarrhythmia (i.e., CVD that has now

INVOICE

25384

DATE

7/18/22



PATIENT

Benny Jaggard

SPECIES

Canine

BREED

Goldendoodle

SEX

NP

AGE

13 years

WEIGHT

48.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Beatties Pet Hospital
Ancaster

REFERRING VET

Dr. Davis

INVOICE

25384

DATE

7/18/22

developed into tachycardia-induced cardiomyopathy which most often results in right-sided CHF). **The acute development of a rapid arrhythmia is what leads to decompensation, and the diagnosis must be confirmed in order to dictate therapy and stabilize the patient. Instituting cardiac supportive medications is indicated as below, however until the rate is controlled success will not be easily achieved. An ECG is highly recommended to confirm.** If this is not available or the patient appears unstable, referral to an emergency care center for hospitalization/supportive care and Cardiologist evaluation is highly recommended. If this is not possible for this case, I have advised medical management as below with a guarded to poor prognosis.

Severe 4 chamber dilation indicates the risk for spontaneous congestive heart failure is high and effusion and symptoms are cardiogenic in origin. Unfortunately, dogs with CHF and arrhythmias are at high risk for complications such as recurrent congestive heart failure, malignant arrhythmias and sudden death. Medications and close monitoring will help give the best prognosis possible, however the average survival time with this condition is <6 months.

Please monitor at home for cough, lethargy, inappetance, collapse/fainting episodes or increase in respiratory rate or effort. Monitoring of sleeping breathing rates is recommended to screen for recurrent CHF at home. Moderate activity restriction is advised. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit

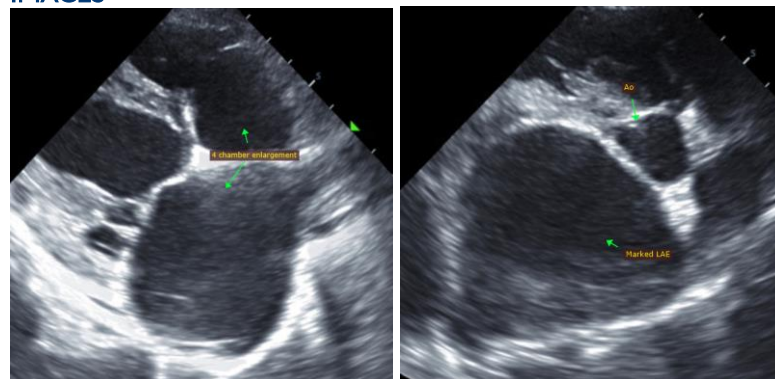
PLAN

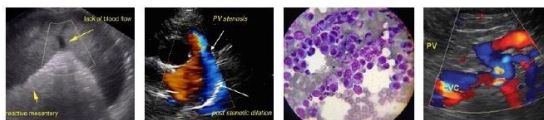
Baseline BP and ECG +/- referral. Oral medications include the following: Institute Spironolactone 1-2mg/kg PO q12h. Institute Furosemide 1-2mg/kg PO q12h. Institute Pimobendan 0.3mg/kg PO q12h. Assuming If <130mmHg, do not utilize until normotensive and doing well at home.

Recheck renal panel in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong. If doing well and baseline BP is >130mmHg, institute ACE-I (Benazepril or Enalapril), 0.5mg/kg PO q12h.

A recheck echocardiogram is recommended in 4-6 months to screen for progression.

IMAGES





PATIENT

Benny Jaggard

SPECIES

Canine

BREED

Goldendoodle

SEX

NP

AGE

13 years

WEIGHT

48.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Crystal Hill, RVT

HOSPITAL NAME

Beatties Pet Hospital
Ancaster

REFERRING VET

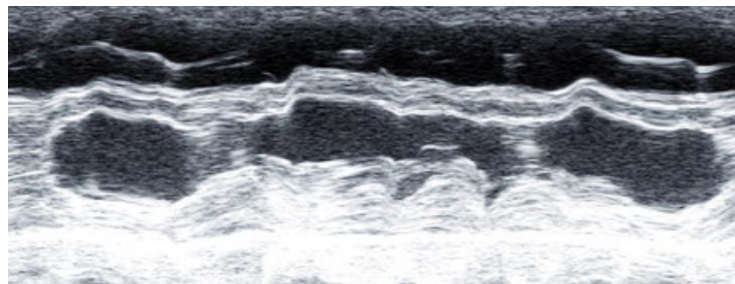
Dr. Davis

INVOICE

25384

DATE

7/18/22



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.

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