



PATIENT

Greta Barens Vera

SPECIES

Canine

BREED

Poodle

SEX

Female Spayed

AGE

12 years

WEIGHT

9.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Ferrer

INVOICE

25388

DATE

7/18/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Presented on May 2022 for possible fainting. Grade 4/6 heart murmur. An echo was done March 2021 and was diagnosed with chronic valvular disease, and was started on cardiac medication, but they were discontinued by the O and pt is not taking medications. Pt was started on : Pimobendan 2.5mg: 1/2 tablet PO BID Furosemide 12.5mg: 1/2 SID for several weeks and the n was discontinued. Enalapril 2.5mg: 1 tablet SID After starting the mediations pt improved greatly but was having some coughing and hacking and was sent with doxycycline and a short course of furosemide. Pt improved but still coughing.

-Abnormal PE/Chem/CBC/UA Results: BW: CBC and Chem done in May 2022 were all unremarkable.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse nodular thickening of mitral valve leaflets with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial enlargement. Normal MR velocity. Mild LV dilation with hyperdynamic myocardial function and evidence of volume overload. The tricuspid valve appears normal with no tricuspid regurgitation. No right heart dilation. The pulmonic and aortic valves appear normal in appearance and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic insufficiency noted. No effusions or tumors.

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	5.3	NA	NM	2.3	63	92	0.23
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	0.96	1.0	4.4	2.3	3.2	1.2
*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)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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 regurgitation. Severe left atrial enlargement indicates there is an elevated risk for spontaneous congestive heart failure. No additional issues are identified.



PATIENT

Greta Barens Vera

SPECIES

Canine

BREED

Poodle

SEX

Female Spayed

AGE

12 years

WEIGHT

9.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Ferrer

INVOICE

25388

DATE

7/18/22

A syncopal episode in this patient is most likely cardiogenic in origin. Possible causes include poor forward blood flow leading to hypoxia, **early CHF**, significant pulmonary hypertension (not definitively seen), an arrhythmia and/or blood pressure swings. In light of severity of disease on echocardiogram and a cough, early CHF is the most likely cause and full lifelong cardiac supportive therapy is warranted as below. It should be stressed that medications are for lifelong and must be given daily for the patient to remain stable. If the episodes persists despite therapy, further evaluation such as an ECG/holter monitor may be warranted. Additionally, Hydrocodone can be utilized for quality of life if the patients cough persists.

Once in CHF, long term prognosis is guarded to poor, however most dogs are able to maintain a good QOL on medications for an average of 8-12 months. Should syncope persist despite medications (particularly with exertion), revisiting the situational component of the episodes, systemic possibilities, etc. is recommended.

Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home. Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or worsening collapse episodes in the future.

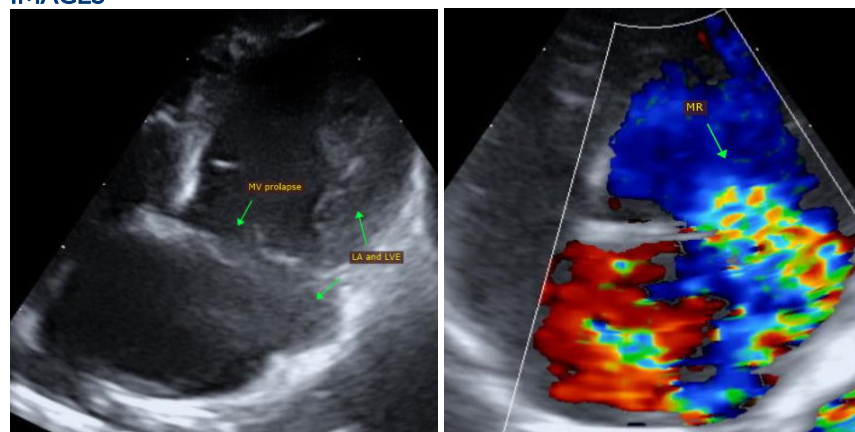
PLAN

Administer furosemide 1-2mg/kg PO q12h. Administer Pimobendan 0.2-0.3mg/kg PO q12h. Administer spironolactone 1-2mg/kg PO q12h. Consider Hydrocodone as is discussed.

Monitor renal values and BP in 10-14 days, then every 3-4 months while on diuretics. If BP >130mmHg and patient is doing well at home, institute ACEI 0.5mg/kg PO q12h. If episodes persist, consider further evaluation as discussed.

Recheck: Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of associated clinical signs occurs in the interim.

IMAGES





PATIENT

Greta Barens Vera

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.

BREED

Poodle

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

SEX

Female Spayed

AGE

12 years

WEIGHT

9.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Ferrer

INVOICE

25388

DATE

7/18/22