



PATIENT

Cash Smidy

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

12 years

WEIGHT

20lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Cash was noted to have a heart murmur in July after being seen for a possible seizure. An arrhythmia was also noted. Chest films revealed biatrial enlargement with LVE. Started on pimobendan and enalapril. He was seen 3 days later on an emergent basis for dyspnea - chest films revealed cardiomegaly, dilated pulmonary vessels as well as perihilar edema. Lasix was added at that time. He occasionally coughs. He was previously on a grain free diet for some time. On exam: NSR, grade V/VI murmur with PMI left apical area with grade II/VI tricuspid murmur, PSS, lung fields clear. BP: 120mmHg x 5. Current medications: 1) Pimobendan/vetmedin 2.5mg 1 tab twice a day 2) Enalapril 5mg 1 tab daily 3) Lasix/furosemide 20mg 1/2 tab twice a day *No sedation for study.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is severely dilated.

Mitral valve: The anterior leaflet of the mitral valve is severely thickened with a ruptured chordae tendineae is visualized. Flail leaflet. Severe mitral regurgitation. Normal velocity.

Aortic valve/Aorta: The aortic valve appears normal with normal outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Mild right ventricular enlargement.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve appears normal with mild tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension

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 188bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	3.4
LA:Ao (Swe)	2.3
IVS thickness (cm)	0.65
LVID diastole (cm)	3.8
PW thickness (cm)	0.65
LVID systole (cm)	1.7
FS (%)	55

Doppler Measurements

PV Vmax (m/s)	0.76
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.1
TR Vmax (m/s)	2.9
TR PG (mmHg)	34

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25422

DATE

7/19/22

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Severe LA enlargement indicates risk for complication going forward. There is an obvious ruptured chord visualized with a flail leaflet which likely explains recent seizure like episode and acute decompensation. Mild pulmonary hypertension is noted likely secondary to LA pressure elevation. No additional concurrent issues such as systolic dysfunction are identified.

Given these findings, full lifelong cardiac supportive medications are indicated as below. The finding of a ruptured chord while causing rapid progression, doesn't necessarily change long-term prognosis. That being said once a patient is on Lasix therapy prognosis is guarded to poor long term, with an average survival time of 8-12 months.



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Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/left atrial tear, syncope and/or sudden death in the future.

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RECOMMENDATIONS

- Administer Lasix 1-2mg/kg PO q12h.
- Administer Pimobendan 0.3mg/kg PO q12h.
- Administer Enalapril 0.5mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Consider Hydrocodone if needed for quality of life.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- If collapse episodes persist, consider an extended ECG and/or holter monitor.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised.

PLAN

- A renal panel is recommended in 1-2 weeks to ensure tolerance of medication changes, then every 3-4 months lifelong.
- Recommend recheck echocardiogram in 4-6 months, sooner if any development of clinical signs.

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DACVIM (Cardiology)

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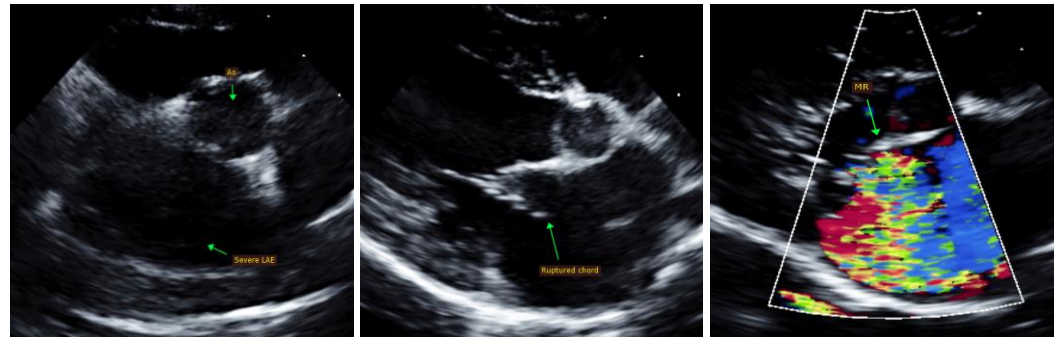
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IMAGES



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