

**PATIENT**

Rowan Junis

SPECIES

Canine

BREED

Pitbull Mix

SEX

Male Neutered

AGE

6.15.13

WEIGHT

56.2lbs

INTERPRETED BYMaggie Machen Lamy,
DVM, DACVIM
(Cardiology)**HOSPITAL NAME**Northwind Animal
Hospital**REFERRING VET**

Dr. Repsher

INVOICE

25577

DATE

7.27.22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well until mild inappetence developed recently. No ascites on exam. CXR stable.

-Current medications: Furosemide 40mg - 1.5-tab BID - Increased to 2-tab BID when o noted abdominal distension, Enalapril 10mg - 1.5-tab BID, Spironolactone 25mg - 1 tab BID.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (9/2021 MML): Mild MR, mild LAE, borderline LV, FA: 20%, moderate RAE, significant RVE with dysfunction. Ascites noted at that time.

-STAT: Not requested.

-Imaging performed by: Stephanie Pearce RDCS, RVT.

*Assess prior to starting incontinence medication.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trace eccentric mitral regurgitation with a mildly dilated left atrium. The LV diameter is normal with without significant myocardial dysfunction. Subtle septal bounce. The tricuspid valve appears mildly thickened, with mild tricuspid regurgitation. Normal TR velocity. The right atrium is mildly dilated. The right ventricle is mildly enlarged with mild dysfunction (subjective). 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 significant pericardial effusion. No pleural effusion seen. 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	NM	2.2	NM	1.4	33	60	NM
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	150	1.2	0.4	25.5	2.5	3.1	2.1
*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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, there is evidence of significant improvement. The right heart is mildly affected, although this is an improvement from the previous study. The left heart has normal function on this exam with minimal left atrial enlargement. No obvious additional issues are identified.

These findings are somewhat difficult to explain in light of the prior clinical signs/CHF. Regardless, what is seen here has certainly stabilized and there is low risk for recurrent complications at this time. Whether to change the medications at this juncture is debatable. Given that the patient is inappetent without an obvious explanation, consider decreasing dosages as below based upon these findings.

Treating urinary incontinence can be initiated; however, a baseline blood pressure is recommended prior to and after instituting a medication such as Proin. If hypertension is noted either pre or post, an alternative option would be Incurin.

Prognosis is guarded given the significant history; however, this is certainly a good sign. Patient may be at risk for recurrent congestive heart failure, malignant arrhythmias (AF, VT), collapse and/or sudden death in the future even on medications.

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

Elective anesthesia is not advised.

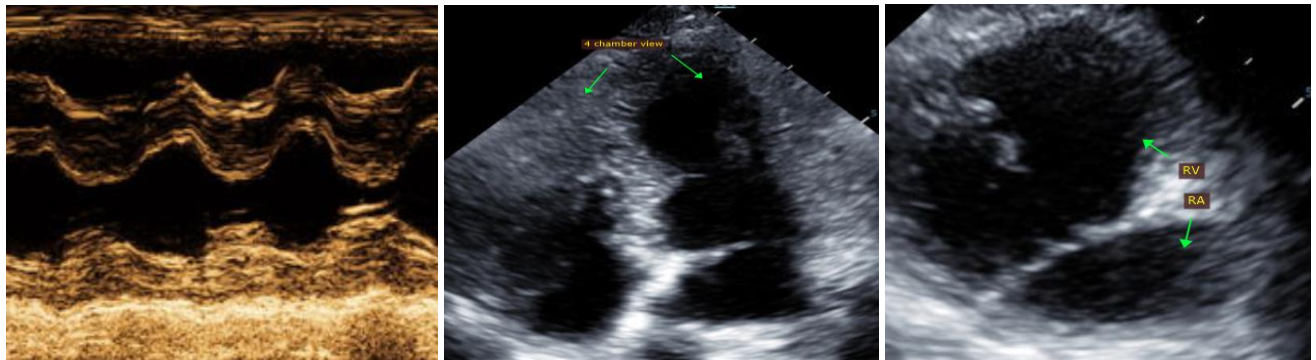
Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF going forward.

PLAN

Decrease Lasix to 40mg PO q12h. Decrease Spironolactone to 12.5mg PO q12h. Decrease Enalapril to 10mg PO q12h. Continue Pimobendan as previously recommended (not listed in current medications). Lab work/BP is strongly recommended to screen for causes of inappetence.

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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