



PATIENT

Xena Griffith

SPECIES

Canine

BREED

Schnauzer

SEX

Female Spayed

AGE

9 years

WEIGHT

27lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Lindsey Daniel, DVM

HOSPITAL NAME

Companion Animal
Hospital

REFERRING VET

Dr. Milenkovitch

INVOICE

31999

DATE

7/30/23

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: Pimobendan, Spironolactone, Benazepril.

-Pertinent previous echo findings (1/2023 MML): Severe MR, severe LAE, moderate LVE. LA: 3.5, LV: 4.3.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. There is severe eccentric mitral regurgitation present. There is severe left atrial enlargement. There is moderate left ventricular dilatation. Left ventricular systolic function is mildly depressed. No right atrial or ventricular dilatation (subjective). Mild thickening of the tricuspid valve without obvious TR or PAH. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. The main pulmonary artery is normal in diameter. The pulmonic valve is normal in appearance. No pericardial/pleural effusion or cardiac masses are seen.

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	NA	2.2	>2.0	36	70	0.75
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	140	1.5	0.9	12.2	NM	4.4	2.8
*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

Compared to the prior study, findings are similar. Severe MR is unchanged with severely enlarged, yet stable left heart dimensions. No significant right-sided disease is appreciated, and no additional issues have developed.

Given these findings, continue triple therapy is recommended. BP and ECG should be routinely assessed in this patient. Continue assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (late B2). Unfortunately, the patient



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

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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.

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Elective anesthesia is not advised.

SEX

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

PLAN

A screening BP and ECG are recommended every 6 months. Continue Pimobendan 0.3mg/kg PO q12h. Continue ACE-I 0.5mg/kg PO q12h. Continue Spironolactone 1-2mg/kg PO q12h.

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Monitor renal values every 3-4 months lifelong to ensure tolerance of medications.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

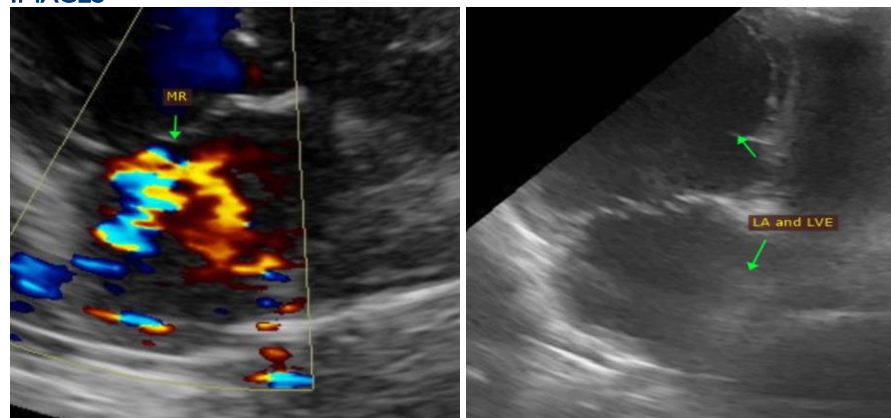
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

DATE

7/30/23

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