



PATIENT

Scrappy Dugan

SPECIES

Canine

BREED

Maltese Mix

SEX

Male Neutered

AGE

15.5 years

WEIGHT

19lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

25208

DATE

7/7/22

PRESENTING CLINICAL SIGNS

History: Grade 4-5/6 heart murmur. Coughing throughout exam. BP: 115, 110, 118mmHg.

-Current medications: Pimobendan 1.25mg 1.5 BID, Furosemide 12.5mg 1/2-tab BID, Enalapril 5mg

-Abnormal lab results: Mild lymphopenia, increased HCT Chemistry- Azotemia - increased from prev panels- BUN 68.4(prev 52) Creat 1.7 (prev 1.5) Glob 3.7, lipase 285, Mg 2.6. Tg 430

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Mild cardiomegaly with LA dilation. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. 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 pericardial or pleural effusion noted. 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	4.6	2.1	NM	1.9	69	95	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	NM	1.4	0.8	8.6	2.7	2.8	0.9
*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 moderate mitral and trace tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. No additional issues are identified.

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Given the risk for progression and results of the EPIC trial, continued Pimobendan is indicated in this patient as below. Assessment of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (B2).

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While mainstem bronchi compression may certainly be contributing to a chronic increase in coughing, other primary airway contributions should also be considered (tracheal collapse, COPD/chronic bronchitis, etc). The chest radiographs do not show active CHF, and this is considered unlikely. Consider hydrocodone for any mechanical component due to cardiomegaly. Additionally if there was an acute increase recently, a course of broad spectrum antibiotic (Baytril or similar) may be indicated as well. The patient is on Lasix already; however, the timeframe of this is not listed (ie was this added based upon the current symptom or previous). There is no clear indication for it's use at this time, and unless CHF has been documented previously this can be discontinued. Additionally the patient is hypotensive, and Enalapril should also be discontinued. Further historical information is necessary.

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Omega fatty acid supplementation and mild salt restriction may also be of some long term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

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Anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

WEIGHT

19lbs

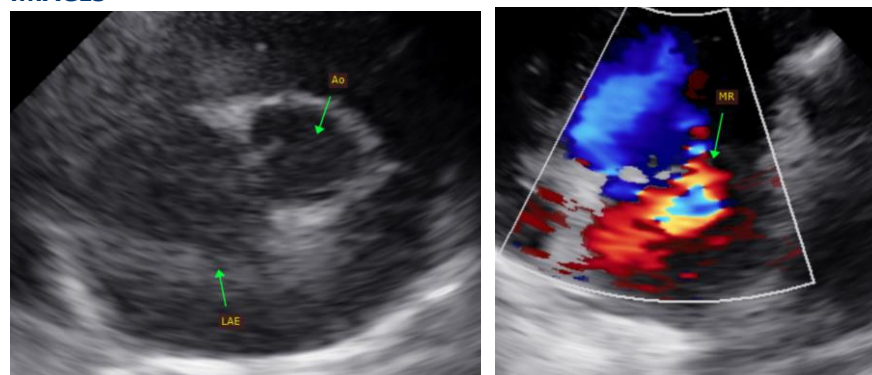
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 DVM, DACVIM
 (Cardiology)

Plan: Continue heart muscle support Pimobendan 0.3mg/kg PO q12h. Consider hydrocodone and a course of Baytril or similar as discussed. No indication for Lasix or ACEI therapy at this time; however, further historical information is needed.

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGING PERFORMED BY

Amy Mayhew, LVT

IMAGES**HOSPITAL NAME**

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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. 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)

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