

PATIENT

Jojo Schein

PRESENTING CLINICAL SIGNS

History: Recheck echo. Coughing seems to be getting worse. Holosystolic loud murmur on both left and right. Coughs on trach palp.

OCurrent medications: Pimobendan 1.25mg bid, Welactin.

-Sedation used: Not needed.

SPECIES

Canine

-Pertinent previous ultrasound results: (11/11/20 MML): Moderate MR, moderate LAE, mild LVE, trace TR: 2.8m/s. LA: 2.5, LV: 3.3.

-STAT: Not requested.

BREED

Shih Tzu

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with marked prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. Normal MR velocity. Moderately increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears thickened with septal prolapse and mild tricuspid regurgitation. Velocity consistent with moderate pulmonary hypertension. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

SEX

MN

CARDIAC CHART

AGE

2014

WEIGHT

10.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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	5.0	4.1	NM	2.0	56	87	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	163	1.0	0.6	4.8	3.0	4.0	1.7
*Normal chamber parameters expressed as a mean value				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)

HOSPITAL NAME

Mount Airy Animal Hospital

REFERRING VET

Dr. Chaconas

INVOICE

20489

DATE

8/11/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with evidence of progression. Moderate mitral regurgitation has become severe and the left heart dimensions are significantly increased. There is also development of moderate pulmonary hypertension which is likely secondary to a clinical cough and chronic LA pressure elevation. No additional issues are noted in this study.

Given these findings, consider addition of both an ACE-I and Spironolactone due to high risk of complication. Pimobendan should also be continued life-long. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (late B2).

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.). Consider hydrocodone for any mechanical component due to cardiomegaly. Screening chest radiographs are recommended.

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.

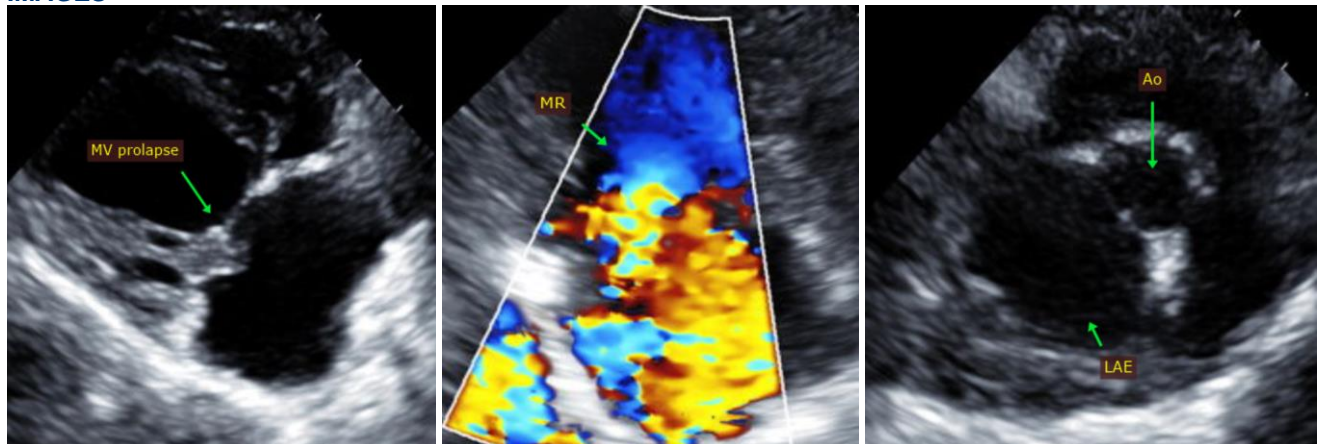
Elective anesthesia is not advised.

PLAN

Continue Pimobendan 0.3mg/kg PO q12h. Institute Spironolactone 1-2mg/kg Po q12h. Institute ACE-I 0.5mg/kg PO q12h. Monitor renal values and BP in 1-2 weeks then every 3-4 months lifelong. Consider hydrocodone as discussed.

Recommend monitor for progression 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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