

PATIENT

Gracie Dechiara

SPECIES

Canine

BREED

Schnauzer

SEX

Female Spayed

AGE

15 years

WEIGHT

15lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Heidi Putnam, SDEP
 Clinical Sonographer

HOSPITAL NAME

The Veterinary
 Hospital

REFERRING VET

Dr. Johnson

INVOICE

20532

DATE

8/12/21

PRESENTING CLINICAL SIGNS

History: Recheck. Weight loss, inappetence. Systolic murmur. Grade 4/6.
 -Current medications: Denamarin, spironolactone 25mg - 1/2 BID, sildenafil 10mg BID, Lasix 20mg q 8-12 hours, Vetmedin 3.75mg - 1/2 BID, enalapril 5mg SID.
 -Abnormal PE/Chem/CBC/UA Results: CBC - slightly anemic- hct 33, rbc 4.88 CHem - marked hepatic disease - ALT >1000 (was 560 in 1/2021) AST 140, Alk Phos 498 (was 548) GGT 17 BUN is 58, creat is WNL at 1.4.
 -Pertinent previous echo findings (1/2020 MML): Severe MR/TR, biatrial ventricular enlargement. PAH: 3.9m/s. PCE at that time.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened with prolapse into the left atrial lumen. There is severe eccentric mitral regurgitation present. The MR velocity is normal. There is moderate left atrial enlargement. There is minimal left ventricular dilation and increased sphericity indicative of volume overload. Left ventricular systolic function is adequate. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. No AI. The main pulmonary artery is mildly dilated. Normal pulmonic outflow velocity with laminar profile. No pulmonic insufficiency. Mild right atrial and right ventricular dilation. The tricuspid valve is thickened and prolapsing with moderate tricuspid regurgitation. The tricuspid regurgitant velocity is mildly elevated, indicative of mild pulmonary hypertension. No pericardial effusion. No obvious pleural effusion. No 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	5.5	2.9	NM	1.8	43	80	0.2
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	0.95		6.8	2.2	3.5	2.0
*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)
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				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)



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	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)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with evidence of relative stability. Significant mitral and tricuspid regurgitation are unchanged with no additional issues identified. Interestingly, the left heart dimensions are slight improved which is difficult to explain. The pulmonary pressures are improved as well.

Given these findings, current malaise is unlikely to be cardiac in origin. Consider systemic issues more likely in this senior patient.

The prognosis remains guarded to poor with an average survival time of 6-12mo at this point. Most dogs are able to maintain a good quality of life for some time however with medications. Going forward, patient will remain at high risk for recurrent CHF (left or right sided), collapse episodes and/or development of malignant arrhythmias in the future.

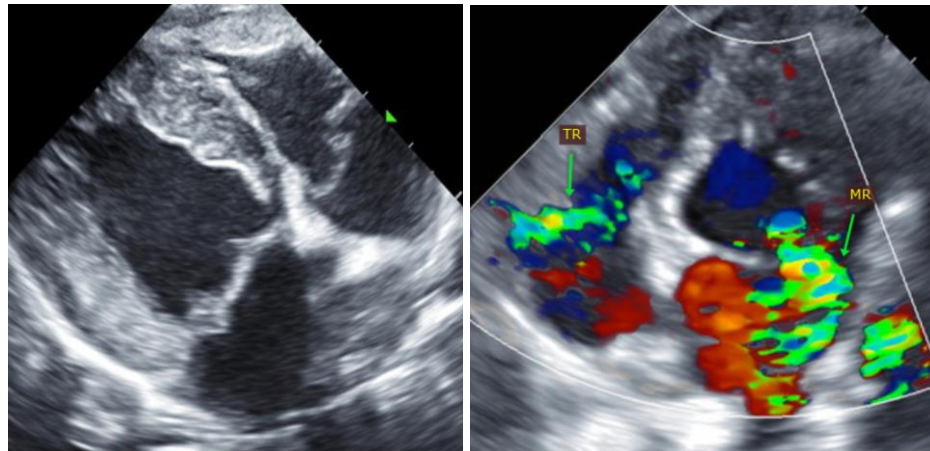
Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit once stabilized. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is recommended as the best way to screen for improvement/recurrent CHF at home.

PLAN

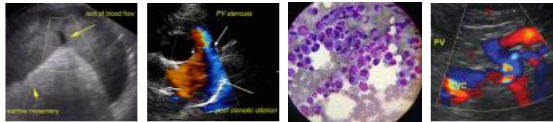
Continue all medications as prescribed.

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

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.



PATIENT

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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.

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Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

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