



PATIENT

Chispi Vazquez Lopez

SPECIES

Canine

BREED

Chihuahua

SEX

Male Intact

AGE

12 years

WEIGHT

9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Lopez

PRESENTING CLINICAL SIGNS

History: Recheck echo. Possible fainting episodes. Grade 4/6 heart murmur.

-Current medications: Vetmedin 1.25mg 1/2 BID.

-Pertinent previous echo findings (9/2021 MML): Moderate MR, moderate LAE, minimal LVE, moderate TR, mild PAH, mild RHE. LA: 1.9, LV: 2.0, TR: 3.3.

ECHOCARDIOGRAM FINDINGS

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

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	6.2	4.0	NM	1.6	46	79	0.16
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	152	0.9	0.73	4.1	1.8	2.3	1.3
*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 persists with moderate mitral and tricuspid regurgitation. Compared to the prior study, the left heart is stable without progressive dilation. Of concern, the right heart does appear comparatively enlarged with progression in pulmonary hypertension. The PAH now falls within the moderate category, which may continue to progress over time. No additional issues are identified.

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DATE

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Given these findings, continue Pimobendan going forward. Additionally, if the patient is having exertional syncope, Sildenafil may now be warranted as previously discussed. No obvious indication for additional medications; however, any respiratory signs should be treated accordingly. Utilizing Hydrocodone, antibiotic therapy, etc.

SPECIES

Canine

Prognosis is guarded long-term with risk for right or left-sided CHF in the future, progressive syncope and/or development of arrhythmias.

BREED

Chihuahua

Anesthetic risk is considered moderately elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction) 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. **Pre-oxygenate for 5-10 min prior to intubation and recover in O2 if possible.**

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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.

PLAN

Screening BP is recommended every 6 months. Continue Pimobendan as prescribed. Aggressive cough suppression/treatment is recommended as discussed. If syncope is exertional in origin, institute Sildenafil 1-2mg/kg PO q8h.

WEIGHT

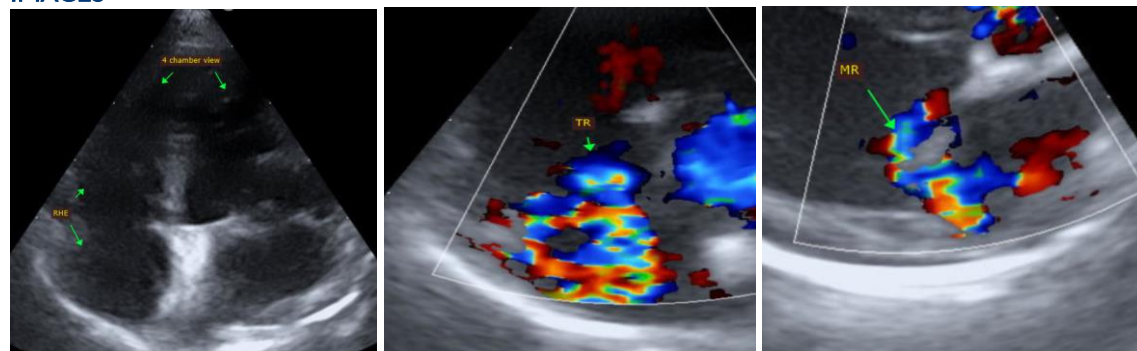
9lbs

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(Cardiology)

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

IMAGES



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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

8/12/22

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