



PATIENT

Bella Llodra

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

13 years

WEIGHT

11.7lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Bella was noted to have a heart murmur in July when she was seen for a collapse episode. Radiographs revealed cardiomegaly, LAE and increased bronchial pattern. She was started on Pimobendan, Enalapril and Lasix. Bella has a finicky appetite but that is somewhat normal for her. Her activity level remains normal. She does have some labored breathing when stressed. Occasional cough. On exam: NSR, grade V/VI murmur with PMI left apical area with grade III/VI murmur on right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 120mmHg x 3. Current medications: 1) Pimobendan/vetmedin 2.5mg 1/2 tab twice a day 2) Enalapril 2.5mg 1 tab daily 3) Lasix/furosemide 12.5mg 1/2 tab twice a day 4) Pregbalin 25mg 1 capsule twice a day *No sedation for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is mildly increased with hyperdynamic myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is severely dilated with a horizontal component (not captured in the LA/AO). Marked bi-leaflet prolapse is identified. The pulmonary veins appear dilated as they enter the lumen.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with normal velocity.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: No right ventricular dilation. No obvious hypertrophy.

Right atrium: No RA dilation.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trivial pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 145bpm.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

32363

DATE

8/15/23

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.5
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.6
LVID diastole (cm)	2.6
PW thickness (cm)	0.6
LVID systole (cm)	1.4
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	5.3
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral regurgitation. Significant left atrial enlargement indicates there is an elevated risk for spontaneous congestive heart failure. No additional issues are identified.

A report collapse episode in a patient is concerning for early CHF and continued lifelong cardiac support is suggested as below. Should the episodes recur in the future, further evaluation, such an ECG, repeat CXR, is recommended. Long term prognosis is poor;



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however, most dogs are able to maintain a good QOL on medications for an average of 8-12 months from diagnosis of CHF.

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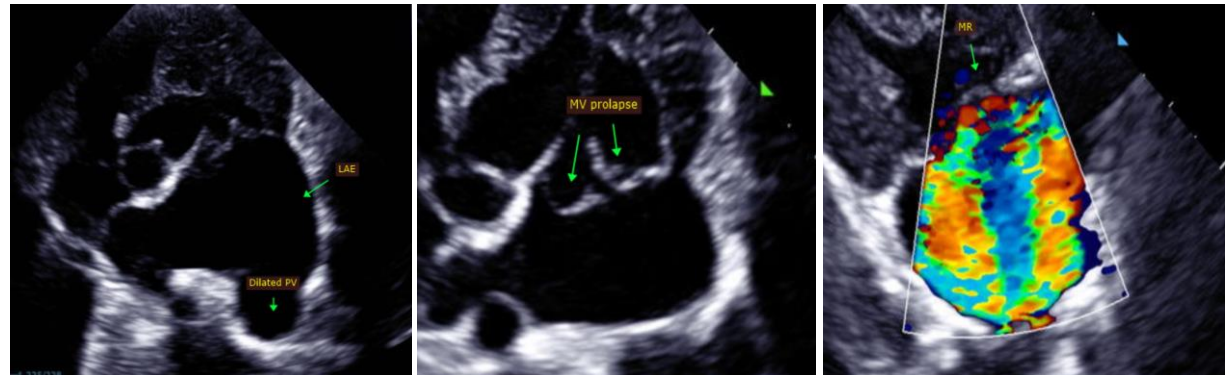
RECOMMENDATIONS

- Continue Lasix 1-2mg/kg PO q12h.
- Continue Pimobendan 0.3mg/kg PO q12h.
- Continue ACE-I 0.5mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h (available in 25 and 50mg tablets).
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Mild activity/stress limitation advised while maintaining QOL.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.

PLAN

- Monitor renal values and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 4-6 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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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)