

PATIENT

Riley Wojciechowski

SPECIES

Canine

BREED

Mix

SEX

Male Neutered

AGE

11 years

WEIGHT

25.6lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Eastern Animal
Hospital

REFERRING VET

Dr. Kaufman

INVOICE

20628

DATE

8/19/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing very well.

Pertinent abnormal PE/Chem/CBC/UA Results: ALT: 400. History of mild ALT elevations (ALT 400).

Current medications: Enalapril 5mg PO BID, Vetmedin 3.75mg PO BID, Denamarin Adv – daily, Wellactin daily, Dasuquin Adv daily, Routine preventions.

-Blood pressure: 152mmHg – anxious.

-Sedation used: Sedation not required for scan.

-Pertinent previous ultrasound results: (7/2020 MML): Severe MR, severe LAE, mild LVE, mild RHE, mild TR: 3.1m/s. LA: 2.9, LV: 4.2.

-STAT: Requested

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened with significant anterior leaflet prolapse. There is severe eccentric mitral regurgitation present. The MR velocity is elevated. There is moderate to severe left atrial enlargement. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. The main pulmonary artery is normal in diameter. The pulmonic valve is normal in appearance. Mild right atrial and ventricular dilation (subjective). Mild thickening of the tricuspid valve with mild TR. Normal velocity. No pericardial/pleural effusion or 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	6.4	2.5	NM	1.8	49	80	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	140	1.7	1.1	11.6	2.8	3.8	1.9
*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)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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)

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists without evidence of significant progression. Severe mitral and mild tricuspid regurgitation are unchanged, and the pulmonary pressures measure normal. The LA and LV dimensions while increased, are similar to previous study with no significant progression. No additional issues are identified.

Given these findings, continue 3 medications as prescribed. Continued assessment of progression in the future will help predict long term outcome, however prognosis remains guarded at this stage (late B2). Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.

Elective anesthesia remains contraindicated.

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit.

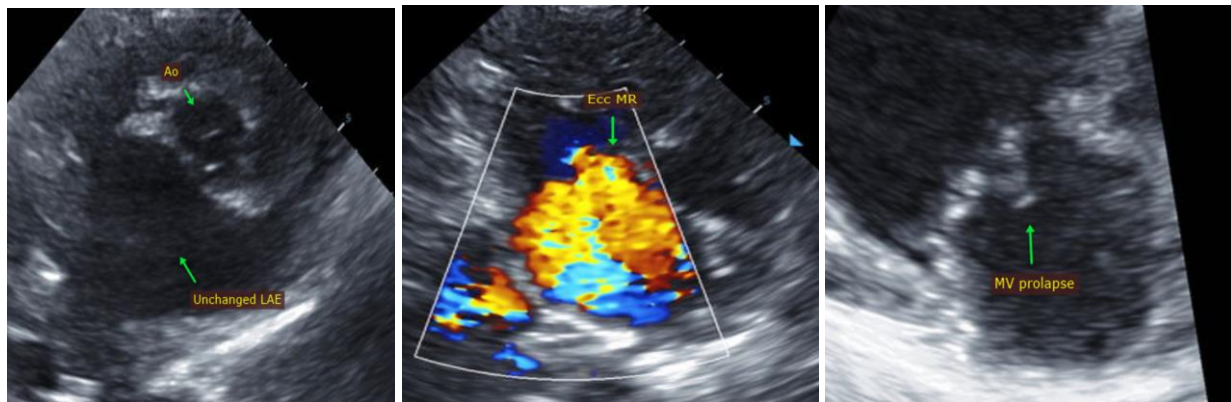
PLAN

Continue 3 medications as prescribed.

Monitor renal values every 3-4 months lifelong to ensure tolerance of medications.

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.

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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