



PATIENT

Hannah Wysocki-Schutt

SPECIES

Canine

BREED

German Shephard Mix

SEX

Female Spayed

AGE

7 years

WEIGHT

58.6lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Schuelke

INVOICE

25889

DATE

8/19/22

PRESENTING CLINICAL SIGNS

History: Grade III/VI holosystolic murmur. Recent onset cough, mostly when resting. History heartworm treatment in 2017. On exam, femoral pulses thready/weak. No jugular pulses noted. MM light pink. No crackles or wheezes. HW test negative. Has been on a grain free diet. Radiographs: moderate cardiomegaly; no pulmonary edema. Diffuse mild interstitial pattern at base of heart. Trachea displaced dorsally on lateral. BP: 100mmHg.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV is significantly dilated with significantly decreased myocardial function. Increased sphericity. LV wall thicknesses are decreased consistent with eccentric hypertrophy.

Left atrium: The left atrium is severely dilated.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a borderline velocity.

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

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

Right atrium: Mild to moderate RA dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Normal velocity.

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

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

2-Dimensional Measurements

| | |
|--------------------|-----|
| Ao diam (cm) | 2.1 |
| LA diam (cm) | 5.0 |
| LA:Ao (Swe) | 2.3 |
| IVS thickness (cm) | 0.9 |
| LVID diastole (cm) | 6.1 |
| PW thickness (cm) | 0.9 |
| LVID systole (cm) | 5.0 |
| FS (%) | 16 |

Doppler Measurements

| | |
|----------------|-----|
| PV Vmax (m/s) | 0.6 |
| AoV Vmax (m/s) | 1.4 |
| MR Vmax (m/s) | 4.6 |
| TR Vmax (m/s) | 2.7 |
| TR PG (mmHg) | 30 |

INTERPRETATION OF THE FINDINGS

The academic diagnosis could be argued in this case. There is severe mitral and mild tricuspid regurgitation, which likely reflect primary valve disease. There is also significant LV dysfunction, which may reflect a primary myocardial issue. Regardless of academic diagnosis, there is significant 4 chamber enlargement indicating the risk for spontaneous congestive heart failure is high. Even without CHF noted on the chest radiographs, full cardiac support is recommended as below. No obvious evidence of pulmonary hypertension, secondary to prior heartworm disease.

Systolic dysfunction in this case may have developed secondary to valve disease (relatively common in large breed valve disease patients); however, the history of a grain



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free diet is concerning for a dietary component. Feeding a well-balanced WSAVA approved diet and supplementing taurine is recommended, with monitoring for improvement in function in the future. That being said, at this phase of the disease process improvement may be limited.

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Close monitoring for improvement in clinical signs is recommended. Unfortunately, with this degree of heart disease and congestion, the prognosis is poor long term with an average survival time of 6-12 months at this point. Most dogs are able to maintain a good quality of life for some time with medications. Going forward, patient will remain at high risk for recurrent CHF (right or left-sided), collapse episodes, LA tear, and/or development of malignant arrhythmias/sudden death in the future. Monitor for collapse or significant acute lethargy as primary symptoms at home.

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RECOMMENDATIONS

- If the patient is or becomes unstable, consider hospitalization for supportive care.
- Institute furosemide/Lasix 1-2mg/kg PO q8 hours for 3 days. If doing well at that time, decrease to q12h at that time.
- Institute Pimobendan 0.2-0.3mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Institute taurine 1000mg PO q12h.
- Immediate diet change is recommended.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthesia is not advised.
- Monitoring of sleeping breathing rates is recommended as the best way to screen for improvement/recurrent CHF at home.
- Monitor for development of a cough, labored breathing, abdominal distention, exercise intolerance or collapse episodes.

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PLAN

- Recheck kidney panel and BP in 10-14 days once stabilized, then every 3-4 months. If doing well at home at that time and BP >130mmHg, institute ACEI 0.5mg/kg PO q12h.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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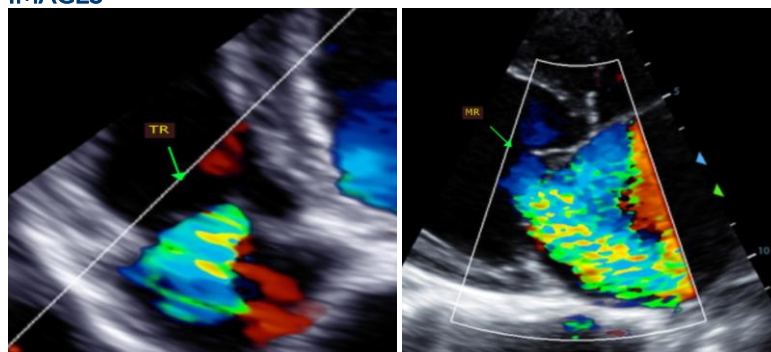
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IMAGES





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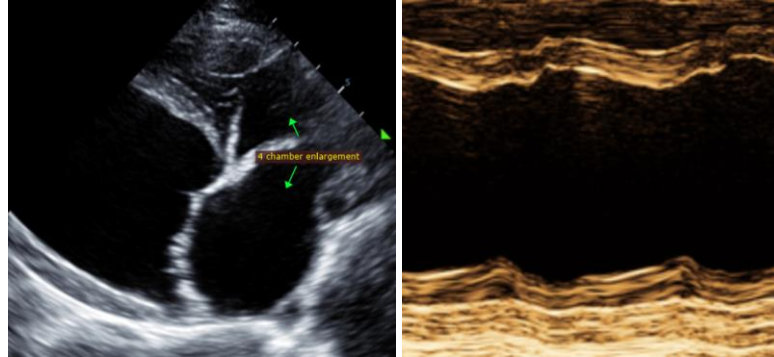
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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