

PATIENT

Winston Olinde

SPECIES

Canine

BREED

Cavalier

SEX

Male Neutered

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: Vetmedin 2.5mg BID, Furosemide 25mg BID.

-Pertinent previous echo findings (2020 LE): Mild to moderate MR. Improved mild LHE. LA: 1.8, LV: 3.3.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

AGE

11.10 years

WEIGHT

27.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Rachel Runnels, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Hughes

INVOICE

25907

DATE

8/19/22

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	6.5	3.5	1.5	1.8	51	84	0.22
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	130	1.6	1.1	12.5	3.0	3.4	1.8
*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)

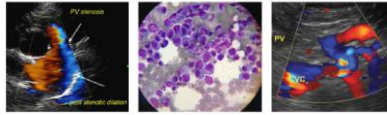
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with overall stability. The left disease is similar to what was described in 2020 without significant progression. Mild to moderate pulmonary hypertension has developed, which is likely secondary to chronic LA pressure elevation. No additional issues are identified.

Given these findings, continue Pimobendan as prescribed. Furosemide is being administered without explanation. If CHF has been diagnosed previously, this should be continued. Otherwise,

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there is no known benefit during stage B2. Consider an ACE-I if systemic pressure are elevated. No obvious indication for additional medications. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

SPECIES

Canine

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.

BREED

Cavalier

Anesthetic risk is considered moderately elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) 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.

SEX

Male Neutered

PLAN

Baseline BP recommended, institute ACE-I if BP is >130mmHg 0.5mg/kg PO q12h. Continue Pimobendan 0.25-0.3mg/kg PO q12h. If CHF has been diagnosed previously, Lasix should be continued. Otherwise, there is no indication for this medication.

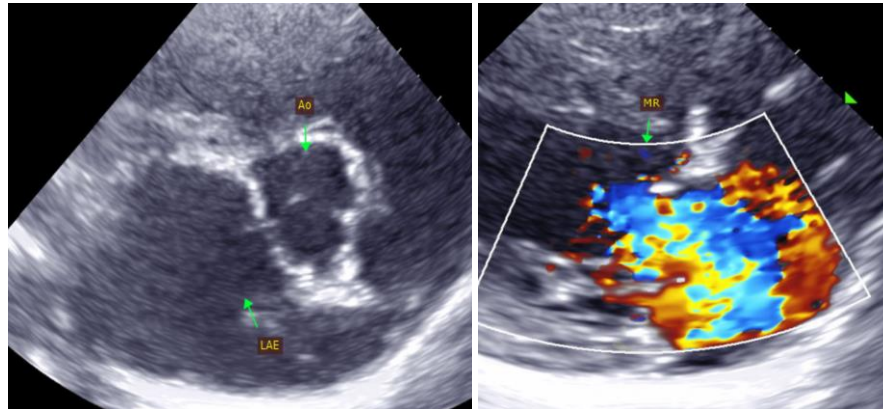
AGE

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

WEIGHT

27.6lbs

IMAGES**INTERPRETED BY**Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)**IMAGING PERFORMED BY**

Rachel Runnels, RVT

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.

HOSPITAL NAME

SVS Imaging KC

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

REFERRING VET

Dr. Hughes

Maggie Machen Lamy, DVM
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com

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