

**PATIENT**

Teddy Melendrez

SPECIES

Canine

BREED

Mix

SEX

Male Neutered

AGE

14.7 years

WEIGHT

14lbs

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

Tom McNeill

PRESENTING CLINICAL SIGNS

History: Cough. Grade 1/6 heart murmur.

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. Mildly increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears subjectively normal, with no tricuspid regurgitation. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic insufficiency. 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 | 5.0 | | 1.3 | 1.7 | 37 | 68 | 0.4 | |
| 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 | 116 | 1.3 | 0.9 | 6.4 | 2.3 | 3.0 | 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) |
| <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 causing moderate mitral regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. No additional issues are identified. An arrhythmia is noted throughout the study and an ECG is strongly recommended.

Given the risk for progression and results of the EPIC trial, Pimobendan is indicated in this patient as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Williamson

INVOICE

25911

DATE

8/21/22

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While mainstem bronchi compression may certainly be contributing to a chronic increase in coughing, other primary airway contributions should also be considered (tracheal collapse, COPD/chronic bronchitis, etc.). Consider hydrocodone for any mechanical component due to cardiomegaly. Screening chest radiographs are recommended.

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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.

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Once on the medication for 3-5 days, anesthetic risk is considered mildly 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, CXR and ECG are recommended. Institute heart muscle support Pimobendan 0.3mg/kg PO q12h. Consider hydrocodone as discussed.

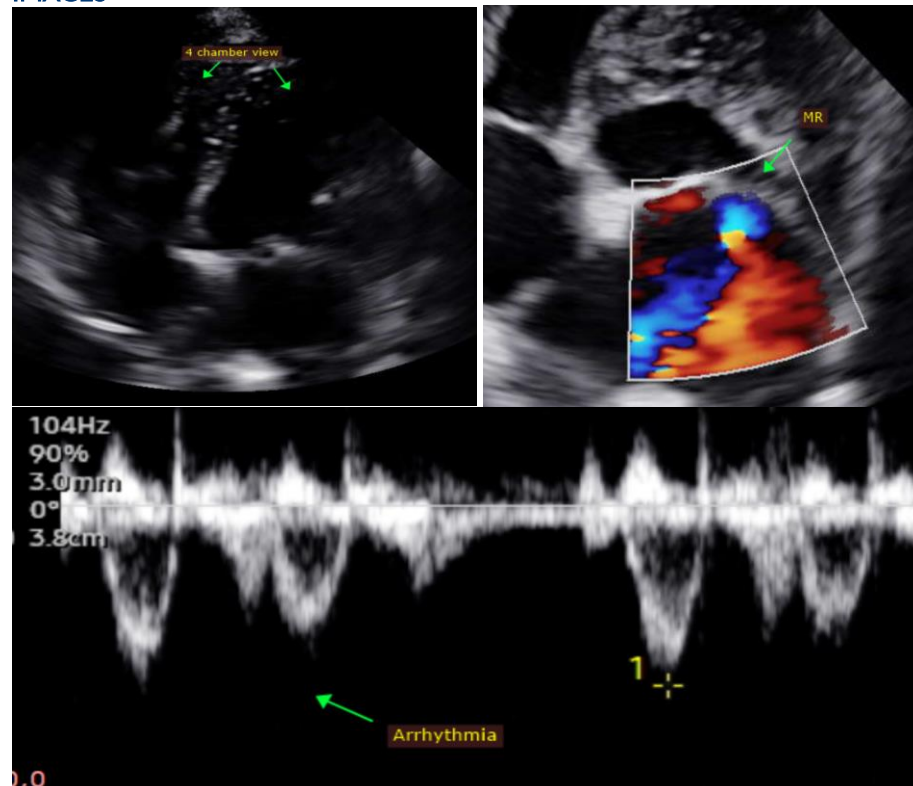
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Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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

Tom McNeill

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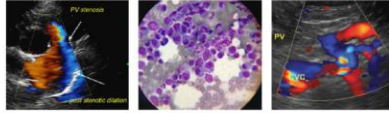
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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