



PATIENT

Cooper Gerrity

SPECIES

Canine

BREED

Cockapoo

SEX

Male Neutered

AGE

14 years

WEIGHT

33.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Dima

INVOICE

32512

DATE

8/23/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Increased cough. Assess prior to anesthesia.

-Current medications: Pimobendan 5mg 1 T BID, Prednisone 1mg 2 T SID.

-Abnormal PE/Chem/CBC/UA Results: ALP 963.

-Pertinent previous echo findings (2/2023 MML): Moderate MR, mild LA and LVE, mild TR, mild to moderate AI. LA: 2.5, LV: 3.0.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with minimal prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Mildly increased LV diameter with adequate myocardial function. The tricuspid valve appears normal with mild tricuspid regurgitation. TR velocity consistent with early pulmonary hypertension. Normal right atrial and ventricular diameter and morphology. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. Mild to moderate AI. No pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

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	5.5	2.9	1.3	1.5	40	71	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	100	1.7	0.73	15.3	2.3	3.2	2.0
*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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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

Persistently stable disease is identified in this study. Moderate MR appears stable with relatively unchanged left heart dimensions. A significant aortic leak persists, and lifelong monitoring is advised. Finally, early pulmonary hypertension is noted, which is not unexpected given chronicity of disease. No additional issues are noted in this study.



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Given these findings, continue Pimobendan as previously prescribed. No obvious indication for additional medications. Prognosis remains highly variable, although serial stable studies is certainly a good sign.

SPECIES

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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.

BREED

Cockapoo

Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

SEX

Male Neutered

Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

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PLAN

Screening BP every 6 months. Continue Pimobendan as prescribed. Baseline CXR and further cough evaluation as discussed.

INTERPRETED BY

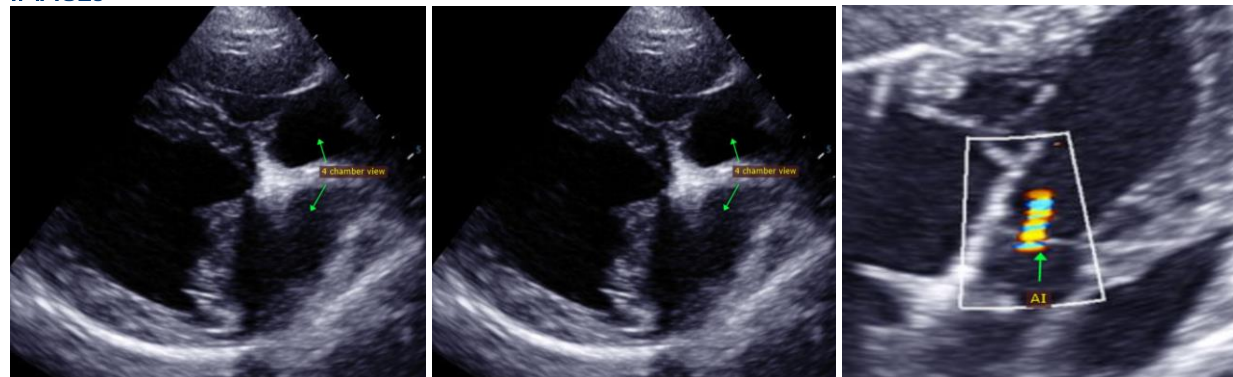
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(Cardiology)

Recommend recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

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Jessica Miller, RDMS

IMAGES



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Dr. Dima

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. 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.

DATE

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