

PATIENT

Dolce Cowles

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

8 years

WEIGHT

16.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Lang

INVOICE

26004

DATE

8/24/22

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur. BP: 230, 220, 236mmHg.

-Current meds: Pimobendan, Enalapril, Amlodipine, Spironolactone, Dasuquin.

-Abnormal PE/Chem/CBC/UA Results: Globulin 3.6, Precision PSL 176.

ECHOCARDIOGRAM FINDINGS

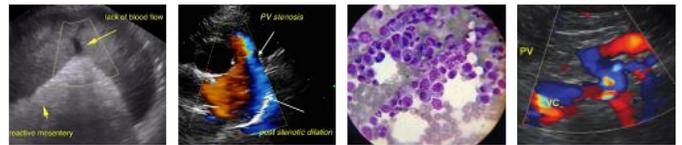
2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Normal MR velocity. LV dilation with severe LV dysfunction. Increased sphericity of the LV with decreased wall thickness. The tricuspid valve appears normal with mild tricuspid regurgitation. Normal velocity. Mild right heart enlargement. 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

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	6.2	2.5	NM	1.7	13	24	1.0
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	122	1.2	1.0	7.6	2.2	3.9	3.4
*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 causing moderate mitral and mild tricuspid regurgitation. Moderate left atrial enlargement indicates there may be risk for progression to spontaneous congestive heart failure in the future. Significant systolic dysfunction is noted, which is extremely unusual in this particular signalment. Highly recommend screening for underlying contributing issues, such as a non-traditional diet or hypothyroidism. Regardless a taurine supplement is indicated as below. No additional issues are identified.



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Given these findings, certainly reasonable to continue Pimobendan going forward. Spironolactone is also warranted given the severity of the findings and concurrent hypertension. The blood pressure remains elevated despite multi-modal therapy and consultation with an IM Specialist may be warranted given the refractory nature. No obvious need for Lasix at this time; however, close monitoring at home is advised.

Elective anesthesia is not advised in this patient.

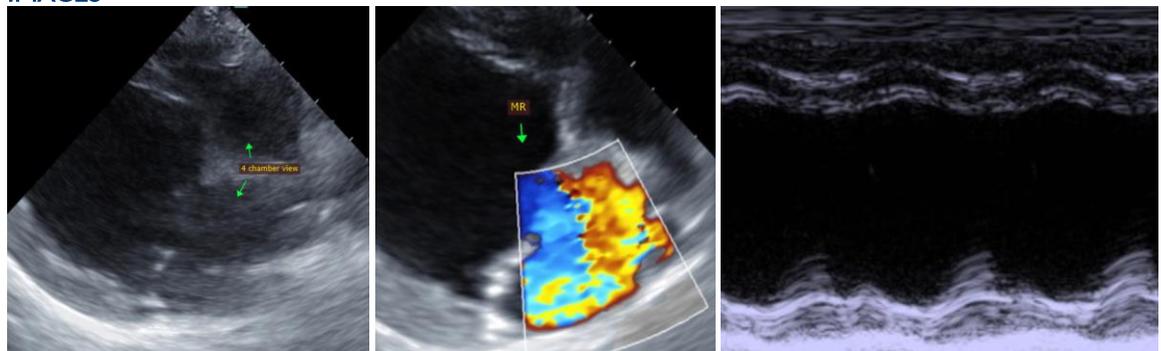
Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

Diet history +/- diet change if indicated. Thyroid status recommended. Further treatment of hypertension may be warranted; consider consultation with an IM Specialist. Continue Pimobendan 0.3mg/kg PO q12h. Continue Spironolactone 1-2 mg/kg PO q12h. Institute Taurine 1000mg PO q12h.

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

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.

Maggie Machen Lamy, DVM
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