



PATIENT

Odin Lloyd

SPECIES

Canine

BREED

Field Spaniel

SEX

Male Neutered

AGE

3 years

WEIGHT

23.6kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Nigel Gumley, DVM

HOSPITAL NAME

Cedarview Animal
Hospital

REFERRING VET

Dr. Gumley

INVOICE

32528

DATE

8/24/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 3/6 heart murmur. Doing well. BP: 101, 104, 103mmHg. Sedated with Butorphanol 0.2mg/kg and acepromazine 0.05mg/kg.

-Current medications: Pimobendan 3.75mg BID, Spironolactone 25mg BID, Furosemide 20mg BID.

-Pertinent previous echo findings (1/2023 MML): Severe LVE: 6.7/5.6, 16%, LA: 2.4, LA/AO: 2.0.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Severe left ventricular dilation with diminished systolic function. Decreased LV wall thickness with increased sphericity. Moderate left atrial enlargement. The mitral valve appears normal in form and function, with no obvious prolapse into the left atrial lumen. Moderate mitral regurgitation secondary to annular stretch. Normal velocity Trace tricuspid regurgitation. Mild right atrial and ventricular dilation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity. No aortic insufficiency. Normal pulmonic valve with trivial pulmonic insufficiency seen. No pericardial or pleural effusion noted. No obvious cardiac tumors.

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	4.5	NM	NM	1.9	12	30	1.4
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	90	1.3	0.8	23.6	2.1	6.4	5.6
*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

Compared to the prior study, findings are similar. The LA and LV dimensions are similar to previous with significant LV dysfunction. Mild to moderate MR and trace TR are unchanged and no additional issues have developed.

Given these findings, continue cardiac support is recommended as prescribed. No obvious indication for additional medications.



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Prognosis remains guarded to poor at this stage in the disease process, with an average survival time of <6 months. The only treatable cause of systolic failure is diet/taurine deficiency, which is uncommon on commercially formulated dog foods. Cases of systolic failure are at high risk for malignant tachyarrhythmias (such as VT or rapid AF) and sudden death, and this should be expressed to the owner. Activity restriction is advised.

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Elective anesthesia is not advised due to high risk for complications.

SEX

Male Neutered

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, worsening labored breathing, abdominal distention, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

AGE

3 years

PLAN:

Continue Spironolactone, Furosemide, and Pimobendan as prescribed. Recommend Taurine 1000mg PO q12h.

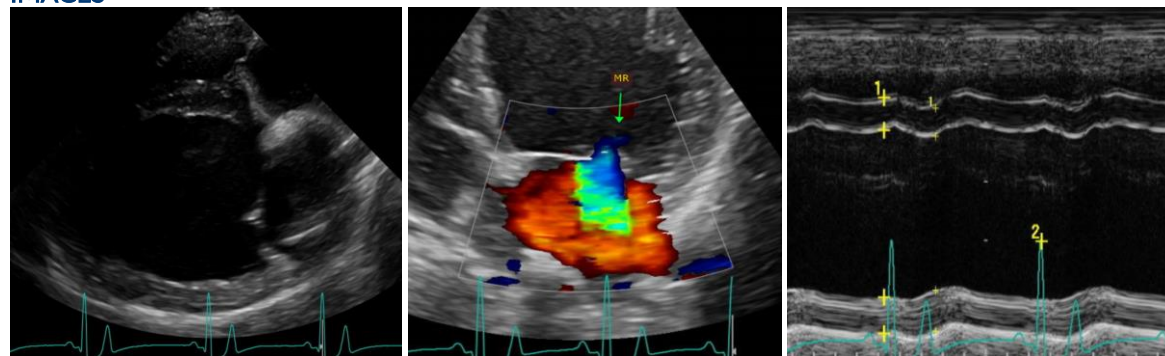
WEIGHT

23.6kgs

Monitor a renal panel and blood pressure every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical issues arise in the interim.

IMAGES



INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Nigel Gumley, DVM

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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