

PATIENT

Bubba Chambers

SPECIES

Canine

BREED

Shih Tzu

SEX

Male Neutered

AGE

13 years

WEIGHT

20lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Compassion
Veterinary Clinic

REFERRING VET

Dr. Patil

INVOICE

26026

DATE

8/25/22

PRESENTING CLINICAL SIGNS

History: Severe cardiomegaly, CHF. fainting episodes, obese. Grade IV/VI murmur. Current meds and doses: Furosemide 12.5 mg BID, Pimobendan 5 mg 1/2 Tab BID, Benazepril 5 mg 1/2 Tab SID. BP: 103mmHg.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is increased with hyperdynamic myocardial function. Evidence of significant volume overload. LV wall thicknesses are normal.

Left atrium: The left atrium is severely dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with normal velocity.

Aortic valve/Aorta: The aortic valve appears normal. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: The right ventricle is moderately dilated with significant hypertrophy. Septal flattening in systole.

Right atrium: Moderate RA dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation; velocity consistent with severe pulmonary arterial hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow. The MPA and branches are mildly dilated.

Pericardium/other: No pericardial effusion noted. No pleural effusion. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	3.0
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.7
LVID diastole (cm)	2.5
PW thickness (cm)	0.77
LVID systole (cm)	1.0
FS (%)	61

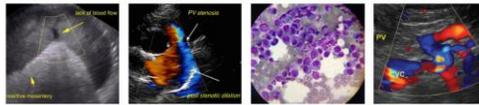
Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	4.9
TR Vmax (m/s)	4.7
TR PG (mmHg)	88

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral and moderate tricuspid regurgitation. Significant 4 chamber dilation indicates the risk for congestive heart failure is elevated. Additionally, there is severe pulmonary hypertension present with septal flattening and right heart enlargement, which further puts the patient at risk for right-sided congestion, and/or **syncope**.

Given the history and severity of disease seen here, continued full life-long cardiac medications are recommended as below as the prior diagnosis of CHF is certainly supported. Sildenafil is recommended in this case as well given the severity of the pulmonary hypertension and reported syncopal episodes. Additionally, Spironolactone



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should be utilized for long-term benefit. Recommend discontinue Benazepril due to reported hypotension. See medication adjustments below.

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The prognosis is poor long term, with a predicted survival time of <6 months. Patient will always be at high risk for recurrent biventricular CHF, LA tear, progressive cough and/or malignant arrhythmias/sudden death in the future.

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RECOMMENDATIONS

- Continue Lasix and Pimobendan as prescribed.
- Discontinue Benazepril as discussed.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Institute Sildenafil 1-2mg/kg PO q8h.
- Utilize Hydrocodone if needed for quality of life.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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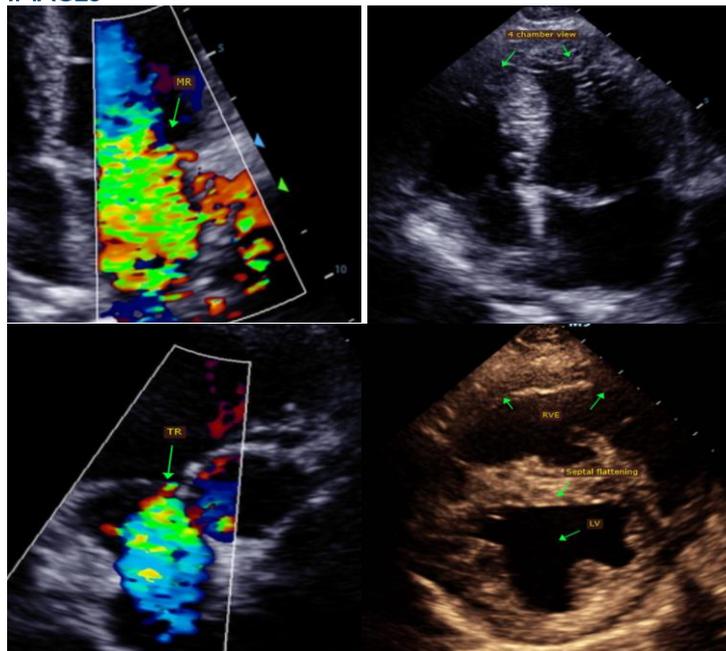
PLAN

- Recheck renal values and BP in 1-2 weeks, then every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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IMAGES



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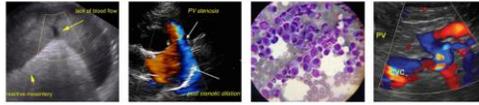
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. 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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