
**PATIENT**

Miko Giri

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Doing well.

-Current medications: Vetmedin 2.5mg BID, Furosemide 2.5-5mg BID.

-Abnormal lab results: Mild BUN elevation, creat: borderline normal.

**SPECIES**

Canine

-Pertinent previous echo findings (4/2022 MML): Severe LVE with FS: 10%, moderate MR, mild RHE, mild TR, early APH. LA: 2.8, LV: 5.1/4.6.

**BREED**

Shiba Mix

**SEX**

Female Spayed

**AGE**

11 years

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Severe left ventricular dilation with diminished systolic function. Decreased LV wall thickness and increased sphericity. The mitral valve appears mildly thickened with no obvious prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation. The tricuspid valve appears mildly thickened. Mild right atrial and ventricular dilation. Mild tricuspid regurgitation, velocity consistent with early pulmonary hypertension. The aortic valve is normal in morphology and mobility. No aortic insufficiency. Normal pulmonic valve. No pulmonic insufficiency seen. Decreased LVOT and RVOT velocities. No pericardial or pleural effusion noted. Ascites noted on sub-costal views. No obvious cardiac tumors.

**CARDIAC CHART**
**WEIGHT**

11.9lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

 East Credit Veterinary  
 Hospital

**REFERRING VET**

Dr. Webster

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	2.8	NM	2.0	10	16	1.9
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	NM	1.0	1.2	5.4	2.9	5.0	4.5
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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**

Compared to prior study, findings are severe yet similar. Marked 4 chamber enlargement is coupled with diminished systolic function and mitral/tricuspid regurgitation. Compared to the prior study, no obvious progression or improvement is seen in dimensions/dysfunction. No additional issues are identified.

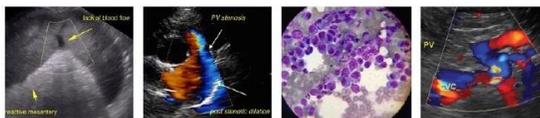
**INVOICE**

26048

**DATE**

8/26/22

Given these findings, certainly reasonable to continue Pimobendan and Lasix lifelong. Additionally, Spironolactone remains recommended for long-term benefit. It is of some concern the patient is not on rate control or a Taurine supplement, both which have been



**PATIENT**

Miko Giri

recommended previously. If atrial fibrillation is not managed appropriately through adequate rate control, this will lead to recurrent CHF in the future.

**SPECIES**

Canine

These findings certainly suggest end-stage disease; however, it is encouraging the patient continues to do well at home. Patient will always be at risk for recurrent CHF and/or sudden death going forward.

**BREED**

Shiba Mix

Monitoring of sleeping respiratory rates will be paramount to screen for recurrent congestive heart failure at home in the future. Cough suppression to improve QOL can also be considered once diuretics are on board for any residual mechanical cough in the face of normal sleeping respiratory rates.

**SEX**

Female Spayed

Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to screen for progression to CHF. Omega fatty acid supplementation (1000mg once to twice daily) and mild salt restriction may be of some long-term benefit.

**AGE**

11 years

**PLAN:**

Continue Pimobendan as prescribed. Increase Lasix to 1-2mg/kg PO q12h. Institute Spironolactone 1-2mg/kg PO q12h; Reconsider heart rate and rate control as discussed on the prior report. Institute taurine supplement 1000mg PO q12h.

**WEIGHT**

11.9lbs

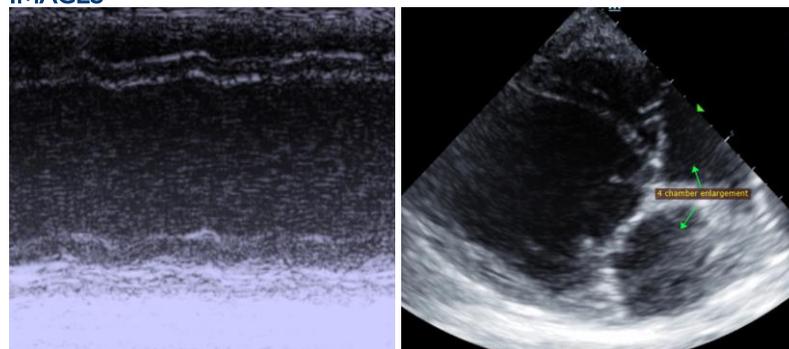
Monitor BP, heart rate and renal values every 3-4 months lifelong.

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

A recheck echocardiogram is recommended in 6 months to screen for progression.

**IMAGES**



**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

East Credit Veterinary  
Hospital

**REFERRING VET**

Dr. Webster

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.

**INVOICE**

26048

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**

8/26/22

**Maggie Machen Lamy, DVM**

**Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**  
info@sonopath.com