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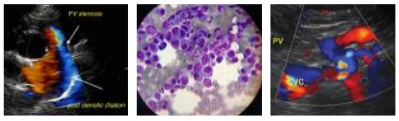

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PATIENT

Lena Rebman

SPECIES

Canine

BREED

CKCS

SEX

Female Spayed

AGE

7 years

WEIGHT

27.9lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Gold

INVOICE

20378

DATE

8/3/21

PRESENTING CLINICAL SIGNS

History: Recheck.
-Current medications: Vetmedin 5mg ½ BID for 5 years.
-Sedation used: Not needed.
-Pertinent previous ultrasound results: (3/3/2020 MML): Moderate MR, mild LAE, borderline LV, trace TR. LA: 2.3, LV: 3.3, TR: 2.15.
-STAT: Not requested.

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. Mild LV dilation with hyperdynamic myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Borderline TR velocity. 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. No obvious aortic and mild to moderate 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	6.1	2.9	NM	1.7	44	76	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	126	1.5	0.7	12.7	3.0	3.8	2.3

*Normal chamber parameters expressed as a mean value

BODY WEIGHT DEPENDENT PARAMETERS

Note: All measurements based upon multi-modal images and methods. An average value is reported.

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

BODY WEIGHT			
3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
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 persists with evidence of mild progression. Mild LA enlargement has become moderate, and the LV has increased comparatively as well. No additional significant issues are identified, and this is likely organic progression.

Given these findings, continued Pimobendan is recommended as prescribed with no obvious indication for additional medications. A baseline blood pressure is strongly recommended given progression.

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

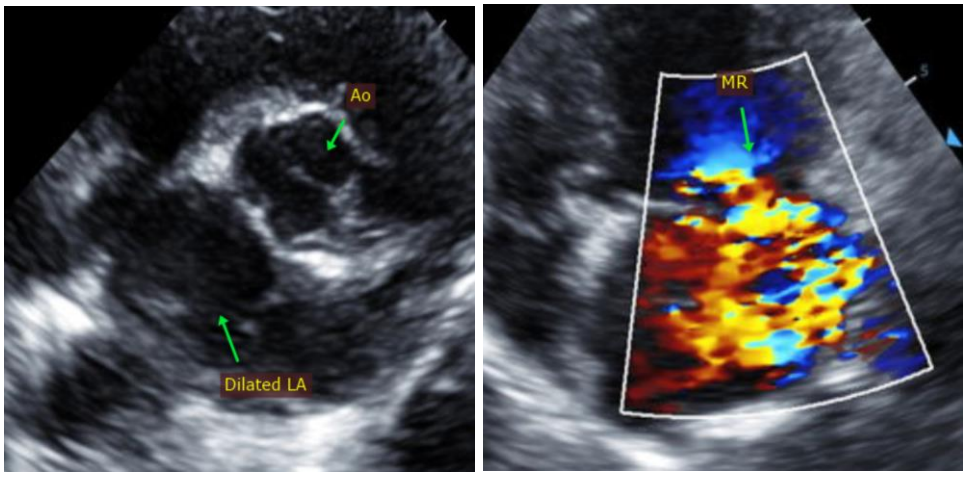
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively 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.

PLAN

Continue Pimobendan as prescribed. Baseline BP is recommended.

Recommend conservative monitoring 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)