

## PATIENT

Dolce Cowles

## SPECIES

Canine

## BREED

CKCS

## SEX

Female Spayed

## AGE

7 years

## WEIGHT

15.4lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Kelly Vazquez, CVT

## HOSPITAL NAME

Animal General on  
Hudson

## REFERRING VET

Dr. Tierney

## INVOICE

20389

## DATE

8/4/21

## PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well at home. Grade 3 murmur.

-Current medications: Pimobendan 5mgs 1/2 BID, Enalapril 25mgs 1 1/2 BID, Amlodipine 2.5mgs 1/3 SID, Spironolactone 25mgs 1/2 BID, Dasuquin/HW/Flea/Tick.

-Abnormal PE/Chem/CBC/UA Results: Blood work from 7/21/21 - WNL.

-Pertinent previous echo findings (11/2020 MML): FS: 15-18%. Mild to moderate LAE, moderate MR, mild RHE, trace TR. LA: 2.2, LV: 3.6, LVIDs: 3.0.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Marked left ventricular dilation with diminished systolic function and increased sphericity. FS 15-18%. Decreased LV wall thickness.

Increased EPSS. Mild to moderate left atrial enlargement. The mitral valve appears mildly thickened and prolapsing with moderate mitral regurgitation. The MR velocity is normal. The tricuspid valve appears normal in form and function. Mild right atrial and ventricular dilation.

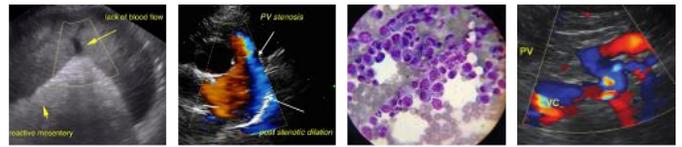
Trace tricuspid regurgitation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity. Trace aortic insufficiency. Normal pulmonic valve with mild pulmonic insufficiency seen. Normal RVOT velocity. No pericardial or pleural effusion noted. No obvious 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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	6.2	NA	1.2	1.7	19	39	1.15
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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	120	1.4	0.96	7.0	2.5	4.0	3.3
*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)
*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

Unchanged structural disease with persistent LV dilation and dysfunction. Compared to the prior study, the LA and LV are slightly increased; however, the overall disease remains stable. The



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Dolce Cowles

previously noted hyperechoic lesion is not as obvious, making it likely benign in origin. No additional issues are identified.

**SPECIES**

Canine

No additional medications are clearly indicated given these findings and a stable patient. Prognosis remains guarded to poor long-term, and the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

**BREED**

CKCS

Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.

**SEX**

Female Spayed

Elective anesthesia is not advised.

**AGE**

7 years

**PLAN**  
Monitor BP every 6 months due to aortic insufficiency. Continue medications as previously recommended.

**WEIGHT**

15.4lbs

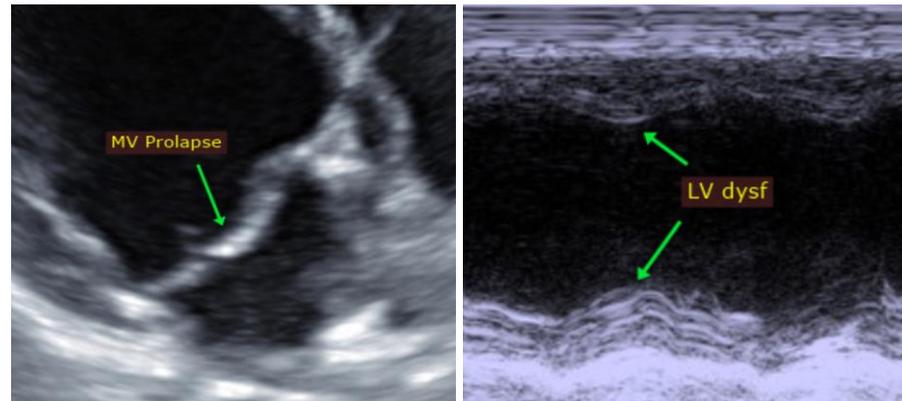
Monitor renal values every 3-4 months lifelong to ensure tolerance of medications.

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

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**IMAGES**



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**HOSPITAL NAME**

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**REFERRING VET**

Dr. Tierney

**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**

20389

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**

8/4/21

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