



PATIENT

Gracie Trechter

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

9 years

WEIGHT

16.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDCS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Pauly

INVOICE

25625

DATE

8/8/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of CHF, PHTN + syncope. Patient appears to be worsening - right sided failure possible now with several syncopal events, ascites + cough. Chronic indolent ulcers. -Current medications: Pimobendan 2.5mg PO BID, Hydrocodone 13.75mg PO q8h, Benazepril 2.5mg PO SID, Furosemide 6.25mg PO q8h, Sildenafil 10mg q8h + Chlorpheniramine 1/2 T PO q8h.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 150bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. There is severe eccentric mitral regurgitation present. The MR velocity is normal. Severe left atrial enlargement. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. The main pulmonary artery is mildly dilated. Moderate right atrial and ventricular dilation. The tricuspid valve is thickened with mild septal prolapse and moderate tricuspid regurgitation. Velocity consistent with severe pulmonary hypertension. No pulmonic insufficiency or aortic insufficiency. No pericardial or pleural effusion. 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	5.0	4.8	NM	2.5	58	94	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	NM	1.5	1.3	7.6	3.4	3.6	1.5
*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)
<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)

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



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing severe mitral and moderate tricuspid regurgitation is identified. Severe left atrial dilation indicates the risk for spontaneous left-sided congestive heart failure is elevated. Additionally, there is severe pulmonary hypertension based upon the TR velocity and appearance of the right heart, which puts the patient at risk for right-sided congestion, and/or syncope. Given these findings, the reported ascites is most likely cardiogenic in origin and warrants full lifelong cardiac supportive medications with alternations as below. The ECG is unremarkable with a normal sinus rhythm.

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

Monitoring of sleeping breathing rates is recommended as the best way to screen for progression to CHF at home. Unfortunately, there is high risk for spontaneous CHF, worsening cough and/or malignant arrhythmias and sudden death in the future. The prognosis with this degree of disease is poor, with most dogs able to maintain a good QOL on medications for an average of 8-12 months.

Elective anesthesia is not advised.

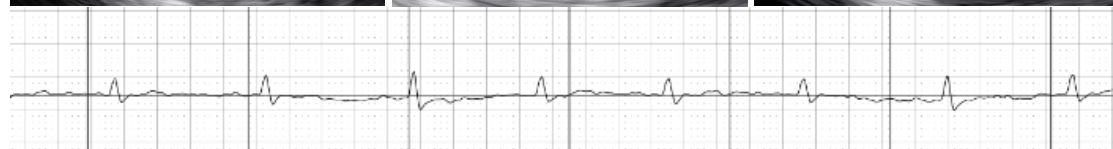
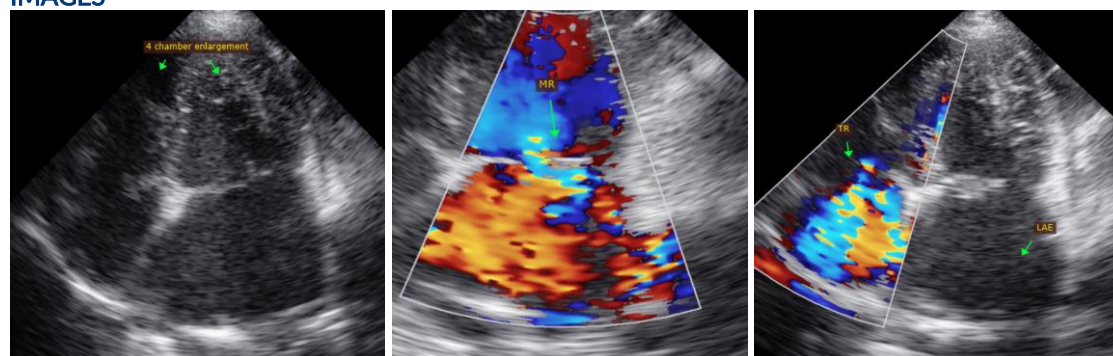
PLAN

Therapeutic abdominocentesis as needed for discomfort/inappetence. Institute spironolactone 1-2mg/kg PO q12h. Continue Sildenafil and Pimobendan as prescribed. Pending BP >130mmHg, increase Benazepril to 0.5mg/kg PO q12h. Increase Furosemide to 12.5mg PO q12h.

Recheck renal values and BP in 1-2 weeks, then every 3-4 months on diuretic therapy.

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

IMAGES





PATIENT

Gracie Trechter

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.

SPECIES

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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.

BREED

Dachshund

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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