



**PATIENT**

Chewie Walsh

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

13lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Companion Animal  
Hospital

**REFERRING VET**

Dr. Tsai

**INVOICE**

25667

**DATE**

8/9/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo.

-Current medications: Vetmedin 1.25mg BID, Enalapril 2.5mg BID, Spironolactone 25mg 1/4-tab BID

-Abnormal PE/Chem/CBC/UA Results: PLT 436

-Pertinent previous echo findings (4/2022 EL): Progressive CVD B2 with LAE.

**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. There is moderate left atrial enlargement. There is mild left ventricular dilation. Left ventricular systolic function is adequate. Mild right atrial and ventricular dilation (subjective). Thickening of the tricuspid valve with septal prolapse and moderate TR. Velocity consistent with early pulmonary hypertension. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. The main pulmonary artery is normal in diameter. The pulmonic valve is normal in appearance. No pericardial/pleural effusion or cardiac masses are seen.

**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	5.5	2.9	1.4	1.78	57	88	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	176	1.1	0.88	5.9	2.5	3.1	1.3
*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)
<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**

Chronic degenerative valve disease causing severe mitral and moderate tricuspid regurgitation. Compared to the prior study, findings are similar with persistent left-sided volume overload. Mild pulmonary hypertension has developed, which should be monitored going forward. No additional issues are documented.

Given these findings, reasonable to continue medications as prescribed. Serial BP monitoring is advised while on vasodilators. Assessment of progression in the future will help predict long term



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outcome, however prognosis is guarded at this stage (late B2). Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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Canine

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.

**BREED**

Mix

Elective anesthesia is not advised, as there is high risk for complication. If necessary, cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso or sevoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 cage. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Moderate IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

**SEX**

Male Neutered

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Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit.

**WEIGHT**

13lbs

**PLAN**

Administer Pimobendan 0.3mg/kg PO q12h. Administer ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. Administer spironolactone 1-2mg/kg PO q12h.

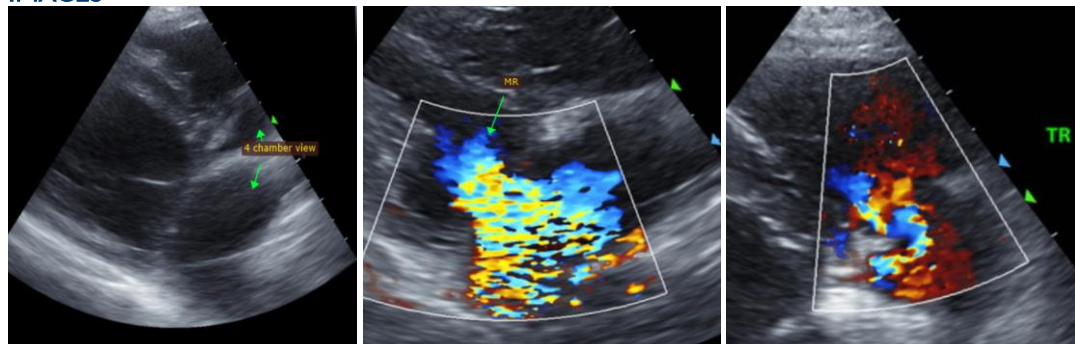
Monitor renal values and BP every 3-4 months lifelong to ensure tolerance of medications.

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Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

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

**IMAGES**



**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Companion Animal Hospital

**REFERRING VET**

Dr. Tsai

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**

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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.

**DATE**

8/9/22

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