



PATIENT

Zack Defiovanni

SPECIES

Canine

BREED

Yorkipoo

SEX

Male Neutered

AGE

11 years

WEIGHT

20.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Dima

INVOICE

32257

DATE

8/9/23

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: veteryl 10mg BID, enalapril 10mg 1/2-tab bid, spironolactone 25mg 1/2-tab bid, vetmedin 5mg 1/2-tab bid, furosemide 20mg 1/2-tab bid

-Pertinent previous echo findings (3/2023 MML): Severe MR, RCT, severe LAE, moderate LVE, mild TR: 2.7m/s. LA; 3.3, LV: 4.5.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and color flow imaging is available. The mitral valve is diffusely thickened (ant>>post) with significant prolapse into the left atrial lumen. There is severe eccentric mitral regurgitation present. There is severe left atrial enlargement. There is moderate left ventricular dilation. Left ventricular systolic function is adequate. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. No AI. The main pulmonary artery is normal. Normal systolic flow across the pulmonic valve. No PI. Mild right atrial and right ventricular dilation. The tricuspid valve is mildly thickened with mild tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension. 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	5.4	3.3	NM	2.2	48	80	0.12
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	150	1.7	1.1	9.3	3.1	4.3	2.2
*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)
*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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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 the prior study, findings are similar with severe MR. The left heart is unchanged with stable, yet significantly enlarged dimensions. The ruptured chord is no longer apparent, which is not surprising. Finally, mild pulmonary hypertension has developed likely secondary to chronic LA pressure elevation. No additional issues are identified.



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Given these findings, continue 4 medications as previously recommended. Prognosis remains guarded to poor; however, a patient that is doing well is certainly a good sign. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of sleeping breathing rates is recommended as the best way to screen for recurrent CHF at home.

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 collapse episodes.

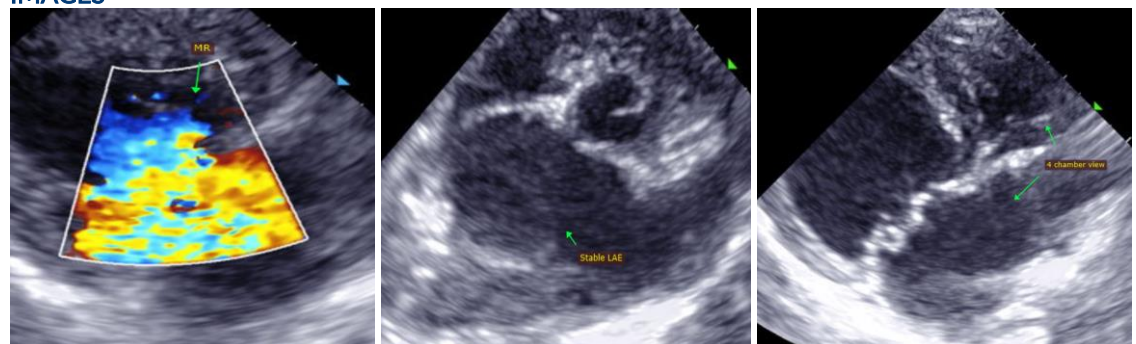
PLAN

Continue 4 medications as prescribed.

A renal panel/BP are recommended every 3-4 months lifelong.

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

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)
info@sonopath.com