



PATIENT

Lucky Marra

PRESENTING CLINICAL SIGNS

History: Grade III/VI systolic murmur. Coughing.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: Significant LV dilation with increased sphericity and hyperdynamic myocardial function. LV wall thicknesses are normal.

BREED

Cavalier

Left atrium: The left atrium and auricle are markedly dilated.

Mitral valve: Diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Marked eccentric mitral regurgitation with a decreased velocity.

SEX

Male Neutered

Aortic valve/Aorta: The aortic valve is thickened with normal mobility. Normal aortic outflow velocity; laminar flow. Mild to moderate AI.

Right ventricle: Mild RV dilation.

Right atrium: Mild right atrial dilation.

AGE

10 years

Tricuspid valve: The tricuspid valve appears thickened with mild tricuspid regurgitation. Moderately elevated velocity consistent with pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal with normal pulmonic outflow velocity. No pulmonic insufficiency.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

WEIGHT

26.6lbs

2-Dimensional Measurements

Doppler Measurements

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Ao diam (cm)	1.9
LA diam (cm)	4.3
LA:Ao (Swe)	2.3
IVS thickness (cm)	0.8
LVID diastole (cm)	4.5
PW thickness (cm)	0.7
LVID systole (cm)	2.4
FS (%)	46

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	4.5
TR Vmax (m/s)	3.8
TR PG (mmHg)	58

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing marked mitral and mild tricuspid regurgitation. Marked left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Mild TR is also noted, with evidence of moderate pulmonary hypertension and mild right heart dilation. Finally, a significant aortic insufficiency is noted, and lifelong BP monitoring is advised. No additional issues such as systolic dysfunction are identified.

HOSPITAL NAME

Airport Animal
Hospital

REFERRING VET

Dr. Gudluru

Given a reported cough and severity of disease seen here, there is concern for early congestive heart failure. While chest radiographs are recommended, institution of full lifelong cardiac support is recommended as below. Hydrocodone can be used if needed for quality of life if a mechanical cough persists despite normal sleeping breathing rates. Close monitoring of breathing rates is recommended to determine a mechanical cough from recurrent pulmonary edema. Without associated clinical signs, such as syncope, it is assumed that PAH is secondary to chronic LA pressure elevation and active congestion. Should the patient develop any syncope in the future, I would not hesitate to institute Sildenafil as well.

INVOICE

26299

DATE

9/10/22



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The average survival of canine patients once pulmonary edema is diagnosed is 8-9 months on medications; however, they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of renal values is recommended lifelong.

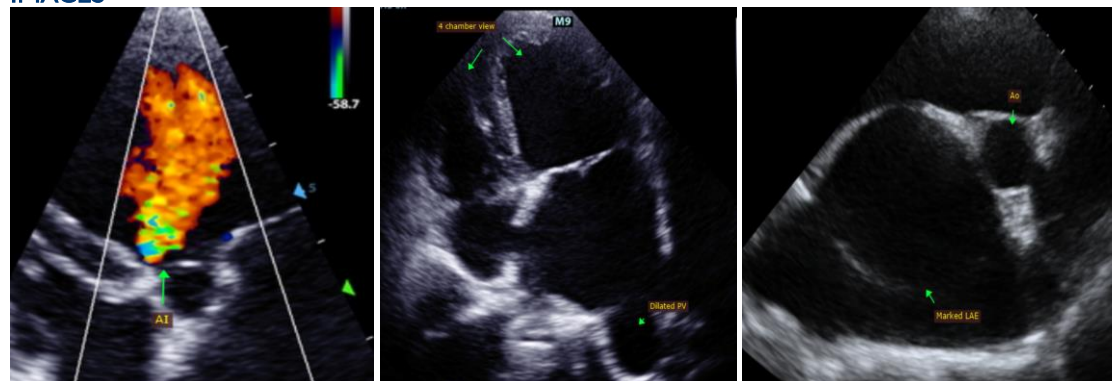
RECOMMENDATIONS

- Baseline BP and CXR are recommended.
- Institute Spironolactone, 1-2mg/kg PO q12h.
- Institute Lasix 1-2mg/kg PO q12h.
- Institute Pimobendan 0.3mg/kg PO q12h.
- If needed, institute Hydrocodone if needed, 0.2 – 0.4 mg/kg PO up to q4-6 hours PRN for cough (available in 5/1.5mg tablets or 5mg/5ml solution).
- Elective anesthesia is not advised.
- Monitor for development of a cough, collapse episodes, significant lethargy in the future. Monitoring of sleeping breathing rates is recommended best way to screen for CHF in the future.

PLAN

- Monitor renal values and BP in 1-2 weeks and then every 3-4 months on medications. If >130mmHg and patient is doing well at home, institute ACE-I 0.5mg/kg PO q12h.
- If syncope develops in the future, institute Sildenafil 1-2mg/kg PO q12h.
- A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise in the interim.

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.

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