



PATIENT

Lola Simmons

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

13 years

WEIGHT

9lbs

PRESENTING CLINICAL SIGNS

History: Presented 8/16 for a possible seizure vs. syncope event. On exam, a new grade III/VI heart murmur was heard. BW revealed elevated pro BNP 3220 Radiography results: Mild left atrial dilation, mild tracheal collapse. BP: 190-200mmHg

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is severely dilated.

Mitral valve: The anterior leaflet of the mitral valve is severely thickened with a flail leaflet. Severe mitral regurgitation with an elevated velocity.

Aortic valve/Aorta: The aortic valve appears normal with normal outflow velocity; laminar flow. Trivial aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 180bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	2.1
LA:Ao (Swe)	2.1
IVS thickness (cm)	0.6
LVID diastole (cm)	2.3
PW thickness (cm)	0.6
LVID systole (cm)	0.9
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	6.5
TR Vmax (m/s)	3.0
TR PG (mmHg)	36

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Severe LA dilation suggests high risk for complication. A flail leaflet is visualized and is suspected to explain the recent collapse episode. Mild pulmonary hypertension has also developed like secondary to LA pressure elevation. No additional concurrent issues such as systolic dysfunction are identified.

HOSPITAL NAME

Anchor Animal
Hospital

REFERRING VET

Dr. Mulready

INVOICE

26382

DATE

9/15/22

Given these findings, full lifelong cardiac supportive medications are indicated as below, including low-dose diuretic therapy. The finding of a flail leaflet, while potentially causing acute progression, doesn't necessarily change long-term prognosis. That being said once a patient is on Lasix therapy prognosis is guarded to poor long term, with an average survival time of 8-12 months. Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/left atrial tear, syncope and/or sudden death in the future.



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RECOMMENDATIONS

- Institute Lasix 1mg/kg PO q12h.
- Institute Pimobendan 0.3mg/kg PO q12h.
- Institute ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Consider Hydrocodone if needed for quality of life.
- 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.
- If collapse episodes persist, consider an extended ECG and/or holter monitor.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised.

PLAN

- A renal panel is recommended in 1-2 weeks to ensure tolerance of medication changes, then every 3-4 months lifelong.
- Recommend recheck echocardiogram in 4-6 months, sooner if any development of clinical signs.

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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