



PATIENT

Bubba Milledge

SPECIES

Canine

BREED

Basset Hound

SEX

Male Neutered

AGE

8 years

WEIGHT

55lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Olson

INVOICE

20875

DATE

9/2/21

PRESENTING CLINICAL SIGNS

History: Radiographs show cardiomegaly. Dispensed Lasix 12.5mg 1-2 tabs every 12 hours.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is severely diffusely thickened with mild prolapse into the left atrial lumen. Lack of coaptation in systole. There is marked eccentric mitral regurgitation present. The MR velocity is normal. There is marked left atrial enlargement. PV are dilated as they enter the LA lumen. There is severe left ventricular dilation. Left ventricular systolic function is mildly decreased. There is normal systolic flow velocity across the aortic valve. Mild AI. The aortic valve appears trileaflet with normal mobility. The main pulmonary artery is mildly dilated. Mild right atrial and right ventricular dilation. The tricuspid valve is thickened with moderate tricuspid regurgitation. Normal velocity consistent with no significant pulmonary hypertension. Mild pulmonic insufficiency. Small volume pericardial effusion. No 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	5.0	2.7	1.9	2.1	37	66	0.41
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	120	0.7	0.7	24.9	6.2	6.5	4.0
<i>*Normal chamber parameters expressed as a mean value (SD)</i>							
BODY WEIGHT DEPENDENT PARAMETERS							
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>							
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							
	3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)			
	5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)			
	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 is present causing marked mitral and moderate tricuspid regurgitation. Marked left heart dilation indicates the risk for spontaneous decompensation is elevated. Pericardial effusion in a patient with this severe of heart disease is either due to a small left atrial tear (leading to hemorrhage into the pericardial space) or right ventricular failure. The only way to know the difference is to sample the fluid, however the risk of this procedure far

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outweighs the benefit. In the absence of severe PAH, **a ruptured wall is more likely**, and the patient should be treated as such. Immediate hospitalization is recommended for supportive care, as this patient appears highly unstable. Additionally, strict activity restriction is advised until the fluid is able to reabsorb, as there is a high risk for decompensation if the clot/healing is disrupted. If any syncope/decompensation occurs acutely in the future, then the amount should be reassessed.

Unfortunately, the long-term prognosis is guarded to poor given the severity of disease, with risk for recurrent spontaneous decompensation, fulminant heart failure, development of arrhythmias and/or sudden death in the future.

Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home. Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

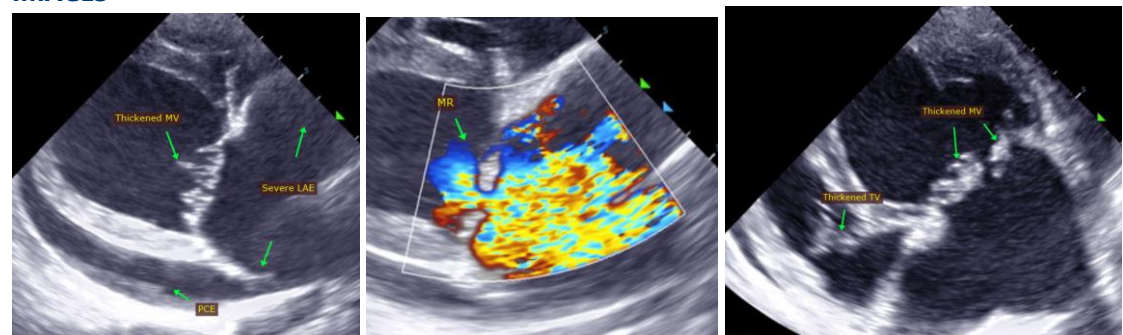
PLAN

Consider hospitalization for stabilization. Oral medications: Institute aggressive diuretic therapy; 1-2mg/kg PO q8h for 3 days (i.e., until stable); then dec to q12h for chronic dosage. Institute spironolactone 1-2mg/kg PO q12h. Institute Pimobendan 0.3mg/kg PO q12h.

A renal panel, blood pressure and (if possible) reassessment of pericardial effusion is recommended in 1-2 weeks following the above medications, then every 3-4 months going forward, if >130mmHg and patient is doing well, institute ACE-I 0.5mg/kg PO q12h.

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. 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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EDUCATIONAL TELECONSULTATION SERVICES™

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