


PATIENT

Penny Gill

PRESENTING CLINICAL SIGNS

 History: Presented for lethargy and anorexia. Several months ago, had seizure events. Aug 30th: collapsed at home – treated with antibiotic. Still lethargic and oxygen dependent.

SPECIES

Canine

 -Abnormal PE/Chem/CBC/UA Results: MCV 73.8 61.6 - 73.5 fL WBC 18.44 5.05 - 16.76 x10⁹/L Lymphocytes *6.15 1.05 - 5.10 x10⁹/L Monocytes *2.89 0.16 - 1.12 x10⁹/L Platelets 601 148 - 484 x10⁹/L Plateletcrit 0.67 0.14 - 0.46 % Glucose 12.83 3.89 - 7.95 mmol/L IDEXX SDMA a. 15 0 - 14 µg/dL ALP 1,239 23 - 212 U/L.

BREED

Maltese

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened with prolapse into the left atrial lumen. A suspect ruptured chord is visualized. There is severe eccentric mitral regurgitation present. The MR velocity is normal. There is severe left atrial enlargement. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. The main pulmonary artery is not significantly dilated. No significant right atrial or ventricular dilation. The tricuspid valve is mildly thickened with trace tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. No pericardial/pleural effusion or cardiac masses are seen.

SEX

Female Spayed

AGE

12 years

CARDIAC CHART
WEIGHT

11lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

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	3.0	1.9	2.0	34	64	0.3
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	190	1.0	0.7	5.0	2.2	3.2	2.1
*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)
				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)

HOSPITAL NAME

 Hamilton Region
 Emergency Clinic

REFERRING VET

Dr. Wattson

INVOICE

26168

DATE

9/2/22



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing severe mitral and trace tricuspid regurgitation. A ruptured primary chord is visualized, which is the likely cause of the recent syncopal episodes. Severe left atrial and ventricular enlargement indicate the risk for spontaneous congestive heart failure is elevated. Early pulmonary hypertension is noted, which should be monitored going forward. No additional issues are identified.

These findings in addition to syncope are concerning for decompensation; however, CXR are strongly recommended as CHF is a radiographic diagnosis. Regardless, full cardiac support is recommended given this risk and clinical signs. The history of seizures is unclear as to whether these represent a separate neurologic issue. Should these persist despite stabilization and medical cardiac management, neurologic evaluation should be considered. If able to be stabilized, the average survival of canine patients at this stage is 8-9 months on medications, however they generally are able to maintain a good quality of life. Going forward the risk will remain high for recurrent CHF, development of arrhythmias and sudden death, and close monitoring is advised.

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. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home. Elected anesthesia is not advised.

PLAN

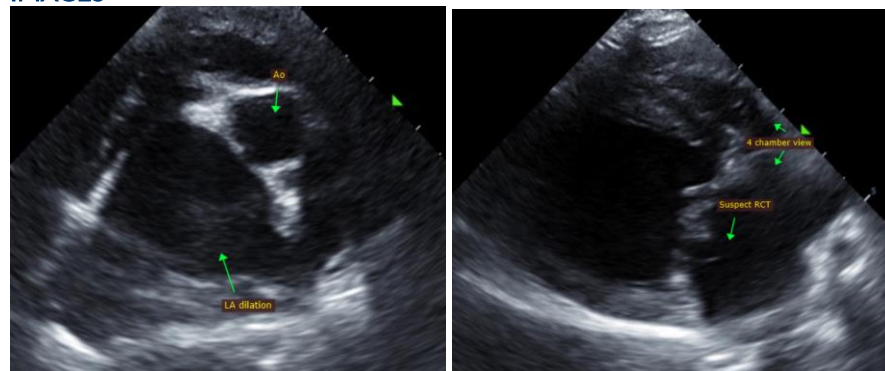
Continue hospitalization until stable with CXR, BP, etc. Once stable discharge on the following: institute furosemide 1-2mg/kg PO q12h. Institute Pimobendan 0.3mg/kg PO q12 hours. Institute spironolactone 1-2mg/kg PO q12h.

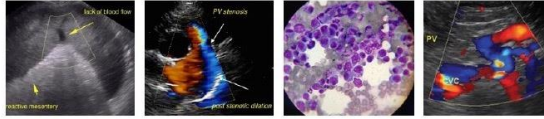
A renal panel and BP are recommended in 10-14 days to ensure tolerance of medications, then every 3-4 months lifelong. If BP is >130mmHg and patient is doing well, institute ACEI 0.5mg/kg PO q12h.

If syncope persists, consider additional issues such as arrhythmias, BP swings, etc.

A recheck echocardiogram is recommended in 4-6 months to screen for progression, sooner if clinical signs arise/persist.

IMAGES





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Penny Gill

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.

SPECIES

Canine

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.

BREED

Maltese

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

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