



PATIENT

Jax Petril

SPECIES

Canine

BREED

Pitbull Mix

SEX

Male Neutered

AGE

11.9 years

WEIGHT

74lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Tam Mengine, DVM

HOSPITAL NAME

Stoney Creek
Veterinary Hospital

REFERRING VET

Dr. Henry

INVOICE

26572

DATE

9/27/22

PRESENTING CLINICAL SIGNS

History: Presented on 9/22 for acute coughing. Patient was noted to have ascites on exam, as well as murmur and increased resp effort. Started on 40mg furosemide BID and scheduled for echo. Client reports significant improvement, though not resolution, of cough on Furosemide.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Moderate to severe eccentric mitral regurgitation with severe left atrial dilation. LV dilation with mildly decreased myocardial function. The tricuspid valve appears normal with moderate tricuspid regurgitation. Normal velocity. Moderate right atrial and ventricular dilation. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. Mild aortic and pulmonic insufficiency; normal velocities. No pericardial or pleural effusion noted. No obvious cardiac masses. Sinus tachycardia noted throughout the study (single ECG attached).

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	NM	2.2	NM	2.5	25	49	1.0
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	NM			33.6	5.2	6.5	4.8
*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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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

Findings are most consistent with chronic degenerative valve disease causing severe mitral and moderate tricuspid regurgitation and secondary mild systolic dysfunction. Significant biatrial and ventricular enlargement indicates the risk for spontaneous congestive heart failure is high and the ascites is most likely cardiogenic in origin (biventricular failure). Cardiac supportive medications are noted as below, including diuretic therapy. No obvious indication for sildenafil at this time, as no pulmonary hypertension is identified. Therapeutic centesis +/- hospitalization for supportive care may be necessary depending on clinical stability.

Close monitoring for improvement in clinical signs is recommended. Unfortunately, with this degree of heart disease and congestion, the prognosis is guarded to poor with an average survival



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time of 6mo at this point. Most dogs are able to maintain a good quality of life for some time however with medications. Going forward, patient will remain at high risk for recurrent CHF (left or right-sided), LA tear, collapse episodes and/or development of malignant arrhythmias in the future. Periodic centesis is recommended if the patient experiences discomfort, drop in appetite or labored breathing.

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

PLAN

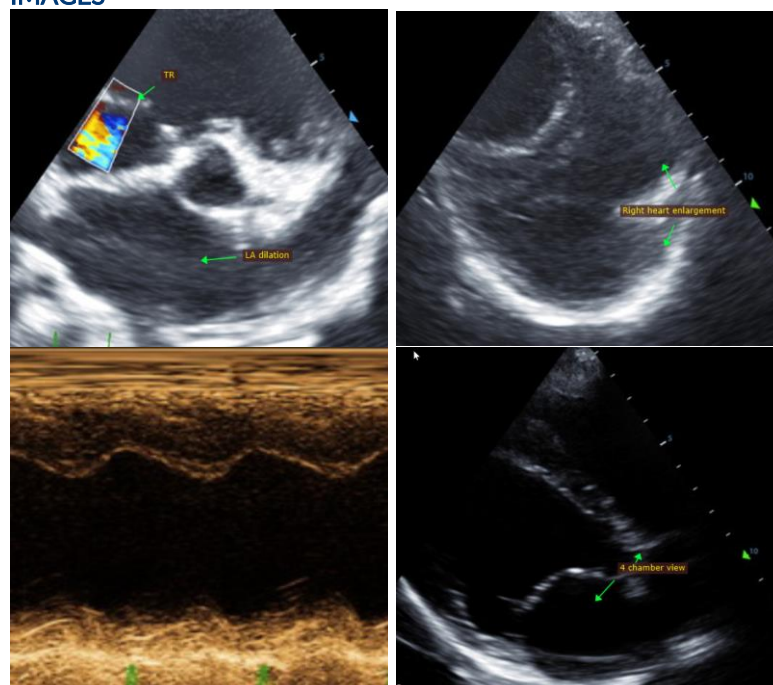
Consider therapeutic centesis/hospitalization if needed/indicated. Screening BP is recommended. Utilize IV furosemide in hospital until stable. Discharge on the following: Administer furosemide 1-2mg/kg PO q12h. Institute Pimobendan 0.25-0.3mg/kg PO q12h. Institute spironolactone 1-2mg/kg PO q 12h.

Recheck a kidney panel, BP and fluid status in 10-14 days once stabilized, then every 3-4 months. Once deemed normotensive and eating well at home institute ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. If the cough persists despite normal breathing rates, Hydrocodone should be considered.

Monitor renal values every 3-4 months.

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

IMAGES





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Jax Petril

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.

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

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