



**PATIENT**

Mojito Evans

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Male Neutered

**AGE**

14 years

**WEIGHT**

11.58lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Westwood Regional  
Veterinary Hospital

**REFERRING VET**

Dr. Hartwick

**INVOICE**

21250

**DATE**

9/28/21

**PRESENTING CLINICAL SIGNS**

History: New onset left sided heart murmur (grade III/VI). LAE on radiographs. Acute onset renal failure. Normal renal values on 8/6/21. Intrahepatic cholelithiasis on radiographs.

-Current medications: Latanoprost, thyroxone 0.1 BID, cerenia, famotine, IVF.

-Abnormal PE/Chem/CBC/UA Results (8/6/21): ALPK 428, all else normal. (9/26/21): BUN 88, CR 3.3, phos 8.9, ALPK 333 9/28/21: (after IVF x 36hr) HCT 34.4, BUN 109, CR 2.8, phos 10.4, ALT 154, ALPK 275.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Normal MR velocity. Mildly increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

**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	5.9	3.0	1.4	1.65	48	90	0.11
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	183	1.3	1.0	5.3	2.0	3.3	1.7
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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**

Chronic degenerative valve disease causing moderate mitral and mild tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. Early pulmonary hypertension is noted which should be monitored going forward. No additional issues are identified.



## PATIENT

Mojito Evans

Given the risk for progression and results of the EPIC trial, Pimobendan is indicated in this patient as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

## SPECIES

Canine

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

## BREED

Chihuahua

Once on the medication for 3-5 days, anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated. **This patient is certainly at risk for fluid overload; however, proceeding with caution is advised given the acute nature of reported azotemia. Monitor breathing rates in hospital with baseline and repeat chest radiographs highly useful should any symptoms be identified.**

## SEX

Male Neutered

## AGE

14 years

## PLAN

Baseline BP and CXR recommended. Institute heart muscle support Pimobendan 0.25-0.3mg/kg PO q12h.

## WEIGHT

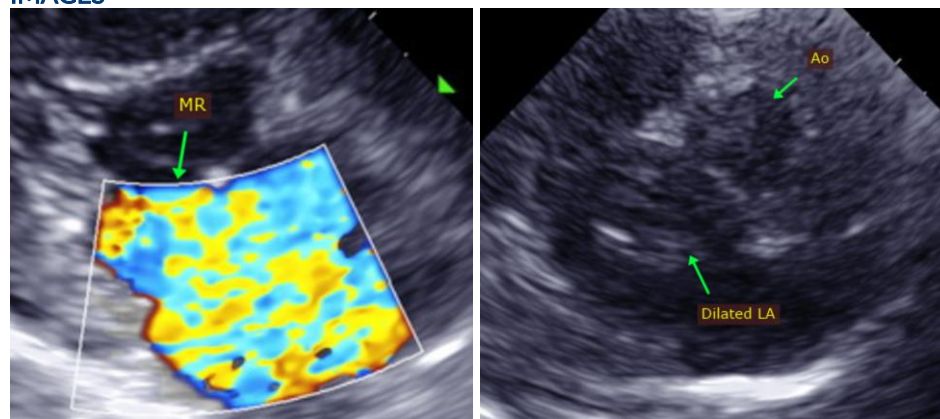
11.58lbs

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGES



## IMAGING PERFORMED BY

Jessica Miller

## HOSPITAL NAME

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Veterinary Hospital

## REFERRING VET

Dr. Hartwick

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.

## INVOICE

21250

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.

## DATE

9/28/21

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