


PATIENT

Pip Kent

PRESENTING CLINICAL SIGNS

 History: Recheck echo. Quite overweight. Allergies. HR 120, RR 30. Grade 2-3/6 murmur.
 -Current medications: Pimobendan daily.
 -Pertinent previous echo findings (2/2021 MML): Moderate MR, moderate LAE, no LVE, trace TR. LA: 2.6, LV: 2.9.

SPECIES

Canine

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 120bpm (range 83-166bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.

BREED

Border Terrier

SEX

Male Neutered

ECG diagnosis: Normal sinus rhythm with respiratory variation.

AGE

13 years

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Moderate diffuse thickening of mitral valve leaflets with minimal prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Mild LV dilation with adequate myocardial function. Normal MR velocity. The tricuspid valve appears subjectively normal, and there is trace tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. Normal aortic outflow velocity. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic outflow velocity. No pulmonic or aortic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

WEIGHT

30lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

CARDIAC CHART
IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

 Snelgrove Veterinary
 Services

REFERRING VET

Dr. Gunsinger

INVOICE

21285

DATE

9/29/21

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	5.8	2.0	NM	1.79	53	94	0.27
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	1.4	1.3	13.6	2.5	3.2	1.5
*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)

 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



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely unchanged chronic degenerative valve disease with moderate mitral and trace tricuspid regurgitation. The LA dimension is stable, and no concurrent issues are identified. The ECG is unremarkable with a normal sinus rhythm.

Given these findings, Pimobendan should be continued lifelong at BID dosing. Prognosis remains guarded (B2) with risk for progression to CHF, development of arrhythmias, etc. going forward.

Anesthetic risk remains mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso/sevo gas) are recommended. Pre-oxygenate for 5-10 min prior to induction. 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.

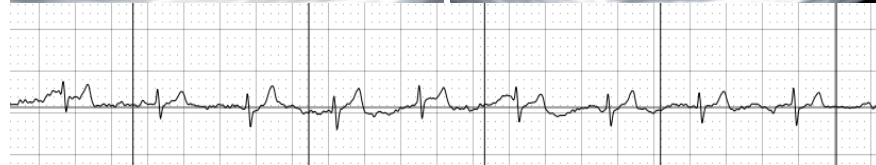
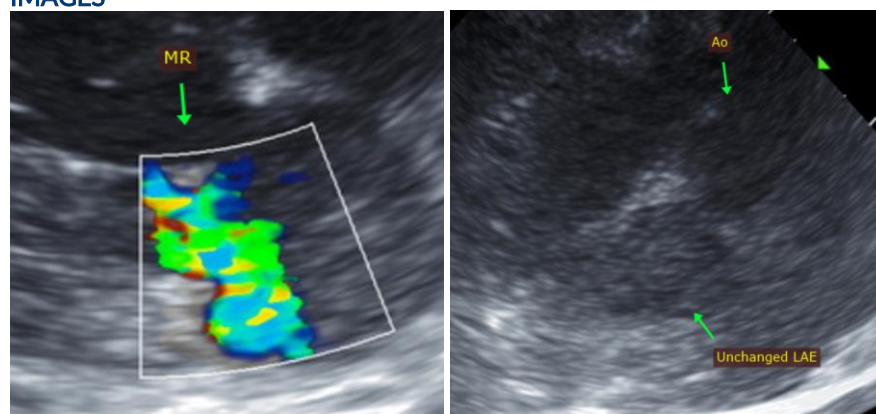
Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of an acutely progressive cough, labored breathing, exercise intolerance or collapse episodes.

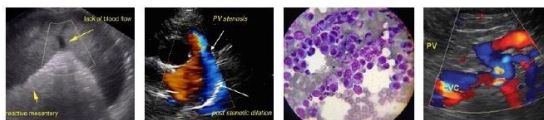
PLAN

Continue Pimobendan 0.3mg/kg PO q12h.

A recheck echocardiogram is recommended in 6-8 months to screen for progression, sooner if clinical signs arise.

IMAGES





PATIENT

Pip Kent

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

Border Terrier

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

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Male Neutered

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