



PATIENT

Rafa Bordonaro

SPECIES

Canine

BREED

Cavalier

SEX

Male Neutered

AGE

9 years

WEIGHT

18.6lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History Chronic valvular disease, stable on prior study. Currently, Rafa is coughing quite a bit. Pants heavily in the middle of the night. The owner feels he frequently has a racing heart. His appetite has also declined a bit, but his activity level remains normal. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, no cough with tracheal pressure. BP: 160mmHg x 5. Medications: 1) Pimobendan/vetmedin 7.5mg 1/3 tab twice a day 2) Lasix/furosemide 20mg 1/2 tab twice a day 3) Spironolactone 25mg 1/2 tab twice a day 4) Enalapril 2.5mg 1.5 tabs twice a day 5) Tacrolimus OU twice a day 6) Alprazolam 0.5mg prn *No sedation for study. -Pertinent previous echo findings (3/1/22 Maggie Machen Lamy, DVM, DACVIM-Cardiology) LA 3.3 cm; LA:Ao 2.2; LV 4.5 cm; severe LAE; mild LVE; severe MR; mild TR (25 m/s; 25 mmHg).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available. **Left ventricle:** Moderate LV dilation with hyperdynamic function. LV wall thicknesses are normal. **Left atrium:** The left atrium is markedly enlarged and bulbous in appearance. **Mitral valve:** Diffuse thickening of mitral valve leaflets (anterior> posterior) with prolapse into the left atrial lumen. Marked mitral regurgitation. Normal velocity. **Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. No AI. Normal LVOT velocity. **Right ventricle:** Normal RV dimension. No obvious RVH. **Right atrium:** Mild atrial dilation. **Tricuspid valve:** The tricuspid valve appears thickened with septal prolapse. Moderate tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. **Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal with normal pulmonic outflow velocity. No pulmonic insufficiency. **Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses. **Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 160bpm.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

26236

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9/7/22

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	3.7
LA:Ao (Swe)	2.6
IVS thickness (cm)	0.65
LVID diastole (cm)	5.0
PW thickness (cm)	0.65
LVID systole (cm)	2.4
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.0
TR Vmax (m/s)	2.8
TR PG (mmHg)	32

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is continued progression. The left heart disease/dilation is now marked with development of early pulmonary hypertension. No additional issues are identified.

Given these findings, certainly continuing all medications is recommended as prescribed. A cough was noted on the prior evaluation as well and Hydrocodone may be beneficial for quality of life. Additionally, the dose of Lasix is relatively low and if there are any respiratory changes at home, this can also be increased.



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Prognosis is guarded to poor long-term. This is considered end-stage disease with an average survival time of <6 months. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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Canine

RECOMMENDATIONS

- Continue 4 medications as previously recommended.
- Consider Hydrocodone, CXR, etc. as discussed.
- If any change in breathing, increase Lasix to 2mg/kg PO q12h.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

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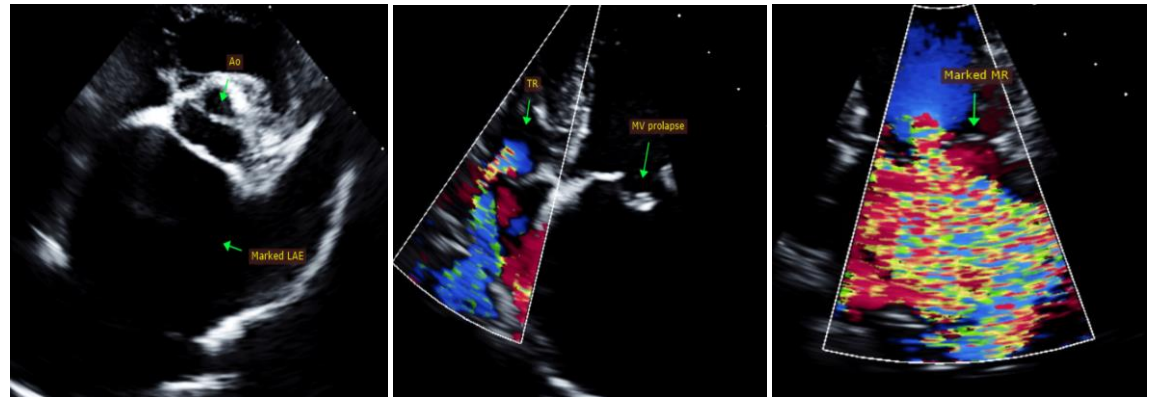
- Monitor renal values and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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IMAGES

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Maggie Machen Lamy, DVM
DACVIM (Cardiology)



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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.

REFERRING VET

Dr. Masloski

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.

INVOICE

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Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)