

PATIENT

Lulu Guarneri

PRESENTING CLINICAL SIGNS

Systolic murmur 3-4/6. Current Meds: none. L heart enlargement, CBC/Chem wnl

SPECIES

Canine

Cardiac Presentation

BREED

Mixed

SEX

FS

AGE

12

WEIGHT

14.3

The echocardiogram for this patient presented excessive left atrial size expressed both in the LA/AO and LA max measurements Chamber volumes and echogenicity were normal. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. The left ventricle presented thicknesses with linear contour and was not dilated nor restricted. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. Contractility of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural integrity. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Tricuspid valvular assessment demonstrated adequate linear morphology. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Advance Stage B2 to early C1 Valvular Disease

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the tachycardiac and volume overload of the LA/LV, I'm concerned for emerging CHF in this patient. Recommend Pimobendan 0.3 mg/kg PO BID, ACE inhibitor 0.5 mg/kg PO SID progressing to BID, Spironolactone 1-2 mg/kg PO BID. Depending upon response to therapy, respiratory rate and clinical signs additional diuretic such as Lasix may be necessary in this patient. Prognosis is highly variable and serial sonographic monitoring is required for further prognosis. Recheck echocardiogram recommended in 1 month ideally to assess response to therapy. Hycodan may be utilized for the cough. Primary bronchial disease should also be ruled out as a potential.

IMAGING PERFORMED BY

HOSPITAL NAME

NJAH

Epic Study based treatment recommendations regarding B2 valvular disease

REFERRING VET

Riedel

Valvular disease patients from 4-15kg wt, multicentric global prospective double-blinded study with Pimobendan vs placebo treated patients with B2 valve disease

INVOICE

13077

Echocardiogram is essential to allow for proper treatment using ACVIM consensus criteria stages AD Pimobendan treatment target of stage B2 valvular disease with this criteria

- 1) B2: enlarged LV & LA
- 2) Lateral radiograph VHS score > 10.5

Historical MST for B2 patients: B2 to C is 800 days then once in CHF MST is 200 days.

Epic study focused on this 800-day period between B2 to C

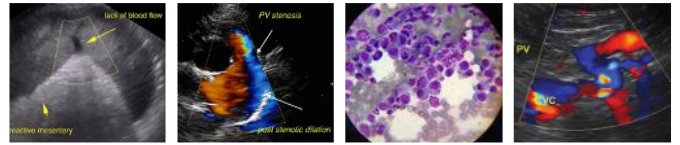
Stage C is wet lung (traditional CHF) with both increased HR at rest & increased respiratory rate.

B2 Echocardiogram Criteria:

La/Ao Swedish method > 1.6

DATE

03/02/2023



PATIENT

Lulu Guarneri

LVIDd > 1.7 *** (Lvidd cm /bw 0.294)
VHS > 10.5 in lateral

SPECIES

Canine

Epic treatment protocol results
Pimobendan 1228 days B2 to C1
Placebo 788 days B2 to C1
15 month period from B2 to C1 compared to 7 months if not given Pimobendan in stage B2

BREED

Mixed

Boswood A, Haggstrom J, Gordon SG, Et al. Effect Of Pimobendan In Dogs With Preclinical Myxomatous Mitral Valve Disease And Cardiomegaly: The EPIC Study-©-A Randomized Clinical Trial.

SEX

FS

J Vet Intern Med 2016;30:1765-©-1779.
Side Cardiac Tx Notes:
Protect Study DCM in Dobies: Solid benefit of Pimobendan

According to SVEP 1 & 2 & Vetproof studies there is no evidence that ACE inhibitors delay the onset of C1 valvular disease (CHF) but some use may still be accepted in these cases especially if other benefits of ACE inhibitors can be optimized such as hypertension or proteinuria.

AGE

12

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

WEIGHT

14.3

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

IMAGING PERFORMED BY

HOSPITAL NAME

NJAH

REFERRING VET

Riedel

INVOICE

13077

DATE

03/02/2023