PATIENT DATA

OWNER NAME	O--------	**ANIMAL NAME**	S----
BREED	CKCS	**NEUTERED**	---
BIRTH DATE		**AGE**	10 y
GENDER	M		
IDENTIFICATION		**EXAM DATE**	29 JUN 2017
ACCESSION NUMBER			
OPERATOR			
EXAM DESCRIPTION	CARDIAC		
PERFORMING PHYSICIAN	GEMMA O DONOGHUE	**REPORT DATE**	29 JUN 2017

CARDIO CANINE

B-Mode

Aorta/LA

Ao Diam	18.2	mm	LA Diam	39.6	mm
LA/Ao	2.17				

Doppler

Aorta

AV Vmax	-1.30	m/s	AV max PG	6.7	mmHg

MV

MV E Vel	1.47	m/s	MV A Vel	0.35	m/s
MV E PG	8.6	mmHg	MV A PG	0.5	mmHg
MV E/A	4.24				

MR

MR Vmax	-5.36	m/s	MR max PG	115.0	mmHg

TV

TV E Vel	0.95	m/s	TV A Vel	0.44	m/s
TV E PG	3.6	mmHg	TV A PG	0.8	mmHg
TV E/A	2.17				

TR

TR Vmax	-2.48	m/s	RAP	10.0	mmHg
TR max PG	24.5	mmHg	RVSP	34.5	mmHg

Pulmonary A

PA Vmax	-0.67	m/s	PA max PG	1.8	mmHg
PA Sys Press	34.5	mmHg			

AVA (VTI)

AV Vmax	-1.30	m/s

M-Mode

MV

EPSS	1.1	mm

Left Ventricle

IVSd	9.4	mm	LVIDd	39.6	mm
LVPWd	9.1	mm	IVSs	10.9	mm
LVIDs	18.9	mm	LVPWs	16.0	mm
EF	84	%	%LV FS	52	%
% IVS	15	%	%PW	76	%
LV Mass	126	g			

OBSERVATIONS

Cardio remarks Thickened and prolapsing mitral valve with severe mitral regurgitation, regurgitant

velocity >5m/s. Severe left atrial enlargement, LA:Ao 2.17. Severely increased mitral inflow E wave velocity indicating increased left atrial pressure. Dilated pulmonary veins suggestive of uncontroled congestive heart failure. Systolic function maintaned with good contractility on some beats and poorer on others due to underlying arrhythmia. Mild dilation right atrium, mild to moderate tricuspid regurgitation with increased velocity (2.48m/s) indicating secondary passive pulmonary hypertension.
ECG: Atrial fibrillation present with heart rate >200 bpm.

Conclusions

Stage D (end stage) myxomatous mitral valve disease with pulmonary hypertension and atrial fibrillation. Prognosis guarded.

May not re-convert to sinus rhythm but aim is to decrease heart rate to allow better cardiac output and avoid tachycardia induced dilated cardiomyopathy. Start digoxin 0.003mg/kg PO(monitoring levels and electrolytes, liver and kidney function). Increase pimobendan to three times daily if possible. Increase frusemide as needed (RRR <25 bpm). May need to add in diltiazam 2-4mg/kg slow release PO if HR not decreasing. Ideally would monitor reponse with holter ECG.

SIGNATURE

Gemma O'Donoghue PgC ESPVS Cert Cardiology.

ATTACHED IMAGES