

## PATIENT DATA

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

## CARDIO CANINE

### B-Mode

**Aorta/LA**

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

### Doppler

<b>Aorta</b>					
AV Vmax	-1.30	m/s	AV max PG	6.7	mmHg
<b>MV</b>					
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				
<b>MR</b>					
MR Vmax	-5.36	m/s	MR max PG	115.0	mmHg
<b>TV</b>					
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				
<b>TR</b>					
TR Vmax	-2.48	m/s	RAP	10.0	mmHg
TR max PG	24.5	mmHg	RVSP	34.5	mmHg
<b>Pulmonary A</b>					
PA Vmax	-0.67	m/s	PA max PG	1.8	mmHg
PA Sys Press	34.5	mmHg			
<b>AVA (VTI)</b>					
AV Vmax	-1.30	m/s			

### M-Mode

<b>MV</b>					
EPSS	1.1	mm			
<b>Left Ventricle</b>					
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 uncontrolled congestive heart failure. Systolic function maintained 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.

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 furosemide as needed (RRR <25 bpm). May need to add in diltiazem 2-4mg/kg slow release PO if HR not decreasing. Ideally would monitor response with holter ECG.

Gemma O'Donoghue PgC ESPVS Cert Cardiology.

## Conclusions

## SIGNATURE

## ATTACHED IMAGES





