PATIENT DATA

OWNER NAME	T---	**ANIMAL NAME**	B-----
BREED	SBT	**NEUTERED**	YES
BIRTH DATE		**AGE**	8 y
GENDER	F		
IDENTIFICATION		**EXAM DATE**	23 MAR 2018
ACCESSION NUMBER			
OPERATOR			
EXAM DESCRIPTION	CARDIAC		
PERFORMING PHYSICIAN	GEMMA O DONOGHUE	**REPORT DATE**	23 MAR 2018

CARDIO CANINE

B-Mode

Aorta/LA

Ao Diam	14.0	mm	LA Diam	47.9	mm
LA/Ao	3.41				

EF MOD (Simpson)

LVAd A2C	16.42	cm²	LVAs A2C	14.03	cm²
LVEDV (MOD A2C)	44.8	ml	LVESV (MOD A2C)	35.1	ml
EF (MOD A2C)	22	%	SV (MOD A2C)	9.8	ml

Doppler

Aorta

AV Vmax	-1.05	m/s	AV max PG	4.4	mmHg

MV

MV E Vel	2.82	m/s	MV E PG	31.8	mmHg

MR

MR Vmax	-3.67	m/s	MR max PG	53.8	mmHg

TR

TR Vmax	-3.28	m/s	RAP	5.0	mmHg
TR max PG	43.0	mmHg	RVSP	48.0	mmHg

Pulmonary A

PA Vmax	-0.63	m/s	PA max PG	1.6	mmHg
PA Sys Press	48.0	mmHg			

AVA (VTI)

AV Vmax	-1.05	m/s

M-Mode

MV

EPSS	9.1	mm

Left Ventricle

IVSd	9.1	mm	LVIDd	43.2	mm
LVPWd	10.4	mm	IVSs	8.7	mm
LVIDs	36.6	mm	LVPWs	11.6	mm
EF	33	%	%LV FS	15	%
% IVS	-5	%	%PW	12	%
LV Mass	159	g			

OBSERVATIONS

Cardio remarks The mitral valve is thickened and poorly mobile. There is moderate mitral regurgitation into left atrium from valve leakage and into left ventricle from stenosis. The left ventricle is rounded and asynchronous with poor systolic function and ejection fraction due to the arrhythmia present. The left atrium is severely

dilated with severely increased filling pressures. The tricuspid valve is also thickened and tethered but more mobile than mitral valve. There is moderate tricuspid regurgitation with increased velocities consistent with pulmonary hypertension. There is moderate right atrial enlargement.
No pleural effusion. Mild-moderate abdominal effusion with hepatic venous distension.
Atrial fibrillation present on ECG.

Conclusions

Congenital mitral and tricuspid valve dysplasia.
Secondary left sided congestive heart failure which has led to pulmonary hypertension and right sided congestive heart failure.
The severe left atrial enlargement has led to atrial fibrillation. This has subsequently caused poor left ventricular contractility.

Prognosis poor. Risk of sudden death.

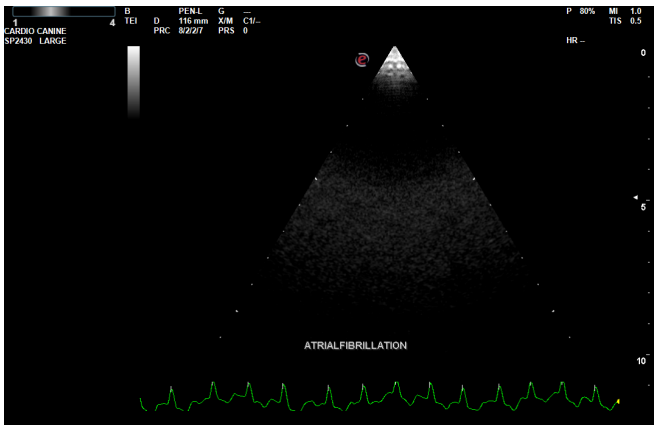
Medication:
- FUROSEMIDE 40MG TID
- PIMOBENDAN 5MG BID
- DIGOXIN 62.5MG BID
- DILTIAZEM SLOW RELEASE 60MG BID

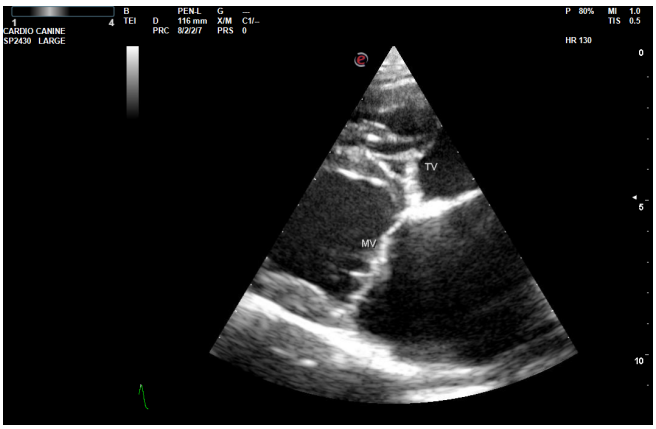
Rest for next week and then short lead walks only. Avoid salty treats.
Recheck one week for biochemistry and digoxin levels. Aim for heart rate of <120 bpm, improved demeanor and mucous membrane perfusion. Will likely not convert to sinus rhythm. May be able to reduce furosemide to 40mg bid and diltiazem to 30mg SR bid.
An ace-inhibitor and spironilactone are also indicated but did not want to overload initially, these have more long-term benefits and can be added at a later date if responding to treatment. Repeat echocardiogram and check up in 6-8 weeks if responds to assess response and potential need for sildenafil.

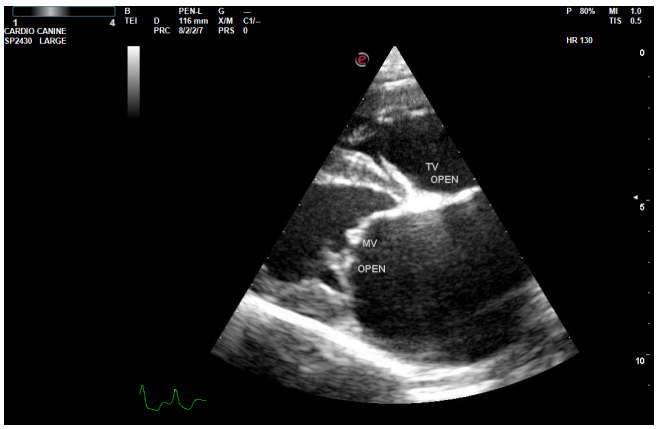
SIGNATURE

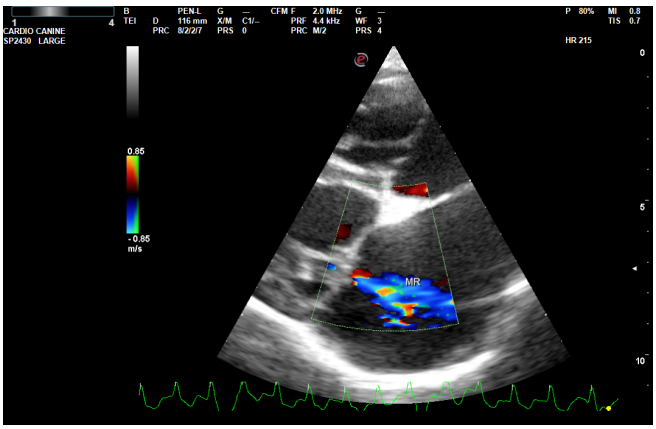
Gemma O'Donoghue PgC ESPVS Cardiology.

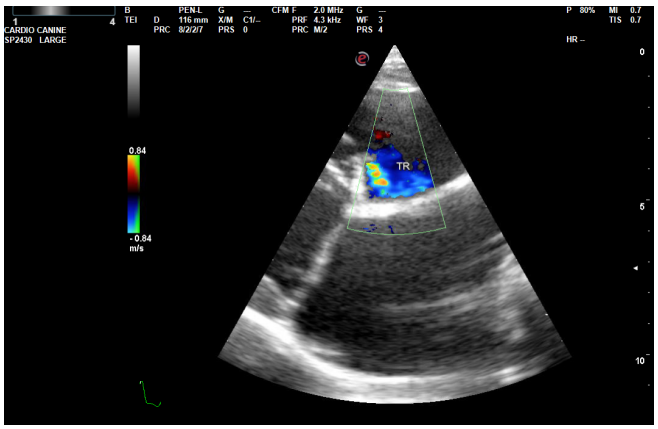
ATTACHED IMAGES

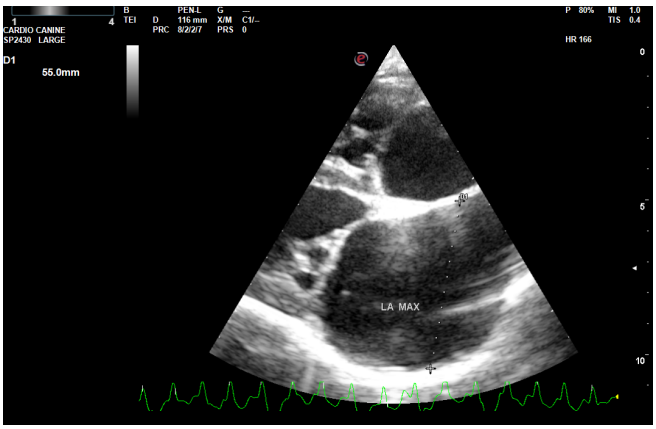


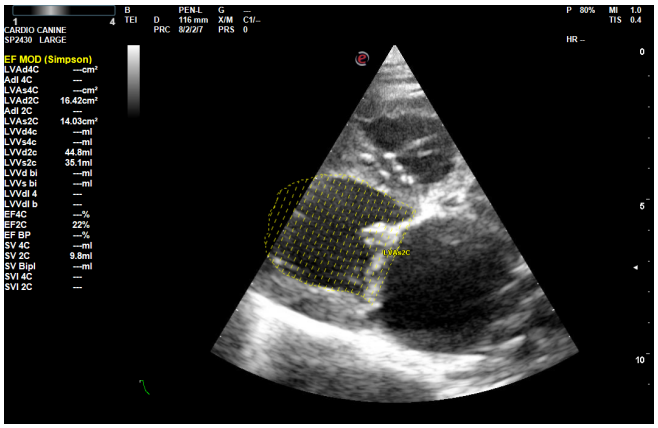


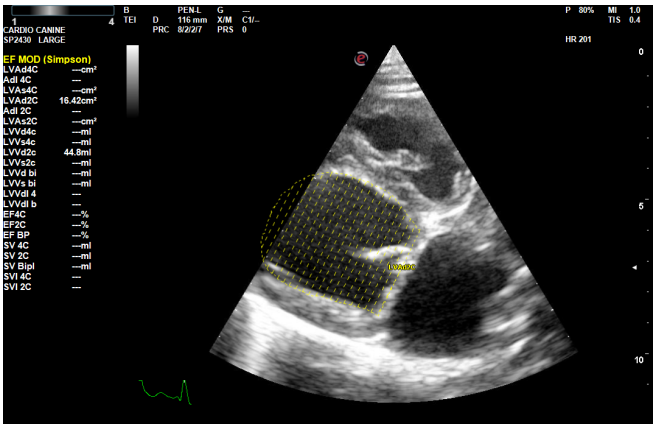


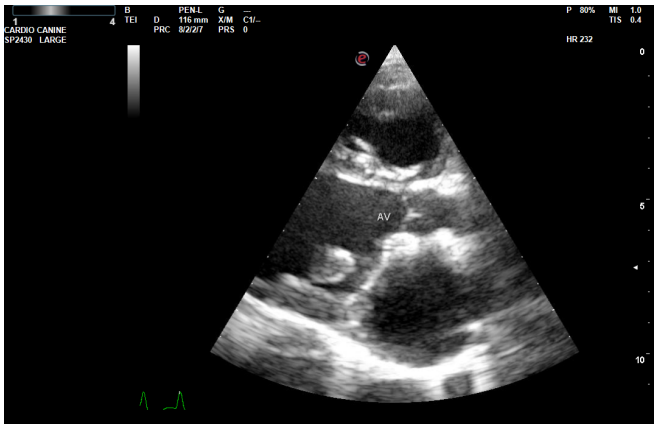


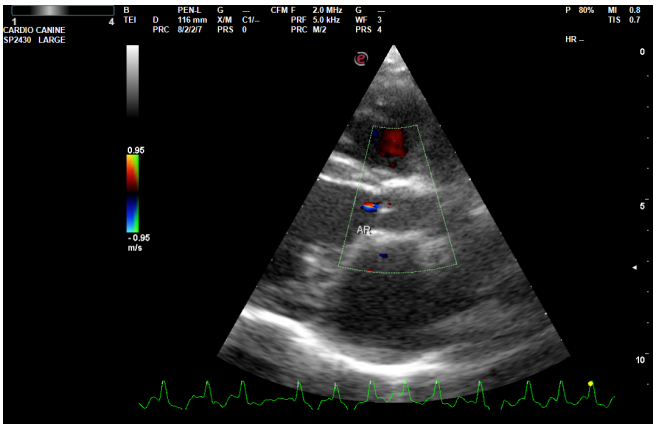

CARDIO CANINE
SP2430 LARGE
TR
0.84
- 0.84
m/s

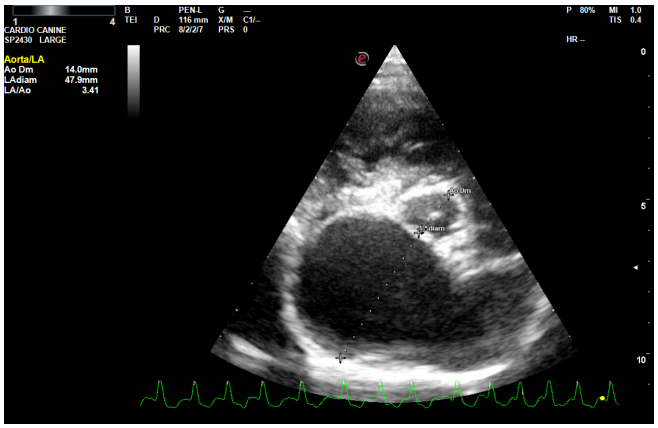

CARDIO CANINE
SP2430 LARGE
D1
55.0mm
LA MAX

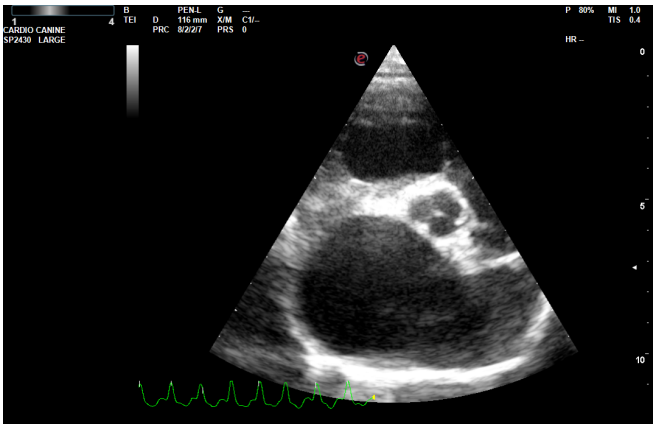

CARDIO CANINE
SP2430 LARGE
EF MOD (Simpson)
LVAd4C ---cm²
Adl 4C ---
LVAs4C ---cm²
LVAd2C 16.42cm²
Adl 2C ---
LVAs2C 14.03cm²
LVVd4c ---ml
LVVs4c ---ml
LVVd2c 44.8ml
LVVs2c 35.1ml
LVVd bi ---ml
LVVs bi ---ml
LVVdl 4 ---
LVVdl b ---
EF4C ---%
EF2C 22%
EF BP ---%
SV 4C ---ml
SV 2C 9.8ml
SV Bipl ---ml
SVI 4C ---
SVI 2C ---

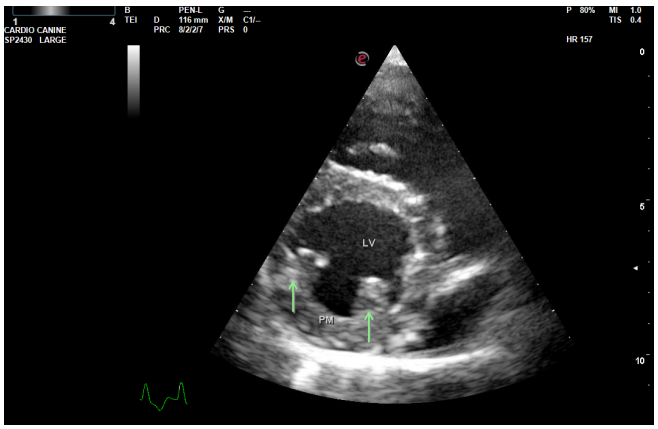

CARDIO CANINE
SP2430 LARGE
EF MOD (Simpson)
LVAd4C ---cm²
Adl 4C ---
LVAs4C ---cm²
LVAd2C 16.42cm²
Adl 2C ---
LVAs2C ---cm²
LVVd4c ---ml
LVVs4c ---ml
LVVd2c 44.8ml
LVVs2c ---ml
LVVd bi ---ml
LVVs bi ---ml
LVVdl 4 ---
LVVdl b ---
EF4C ---%
EF2C ---%
EF BP ---%
SV 4C ---ml
SV 2C ---ml
SV Bipl ---ml
SVI 4C ---
SVI 2C ---

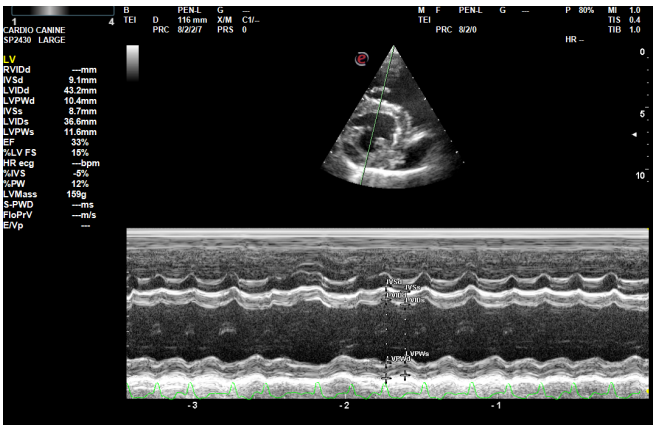

CARDIO CANINE
SP2430 LARGE
AV

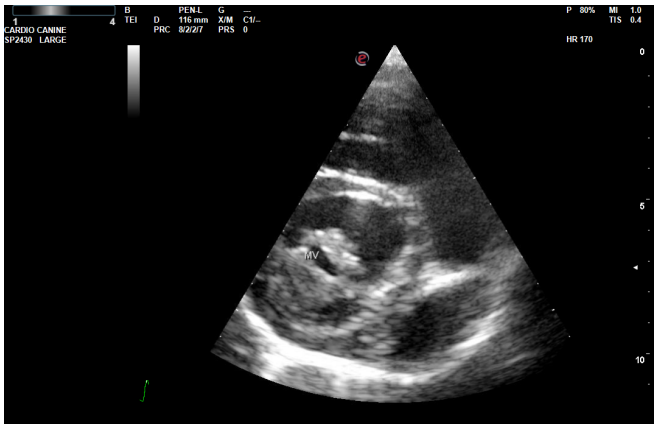

CARDIO CANINE
SP2430 LARGE
0.95
- 0.95
m/s
AR

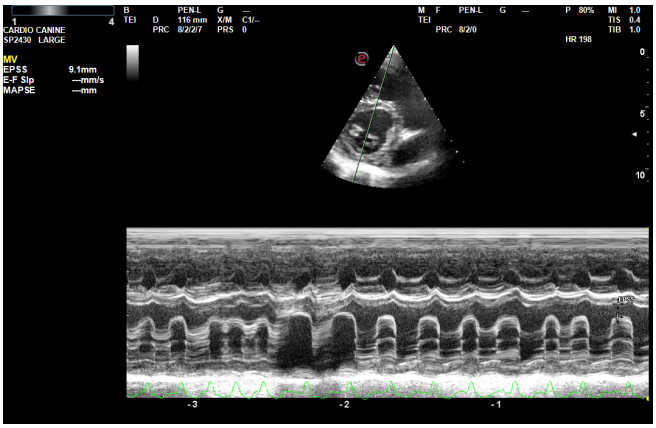

CARDIO CANINE
SP2430 LARGE
Aorta/LA
Ao Dm 14.0mm
LAdiam 47.9mm
LA/Ao 3.41

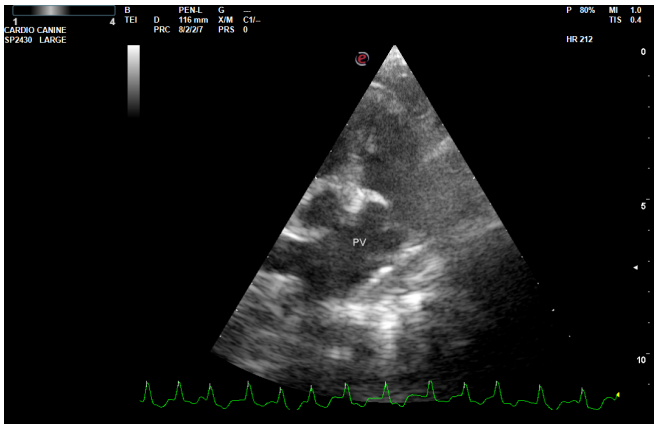

CARDIO CANINE
SP2430 LARGE

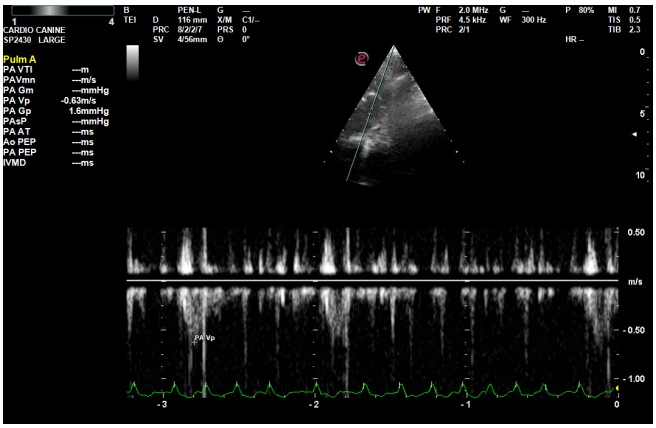

CARDIO CANINE
SP2430 LARGE
LV
PM

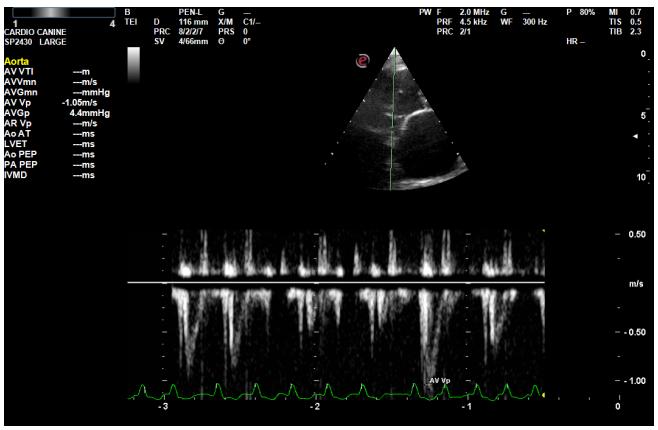

CARDIO CANINE
SP2430 LARGE
LV
RVIDd ---mm
IVSd 9.1mm
LVIDd 43.2mm
LVPWd 10.4mm
IVSs 8.7mm
LVIDs 36.6mm
LVPWs 11.6mm
EF 33%
%LV FS 15%
HR ecg ---bpm
%IVS -5%
%PW 12%
LVMass 159g
S-PWD ---ms
FloPrV ---m/s
E/Vp ---

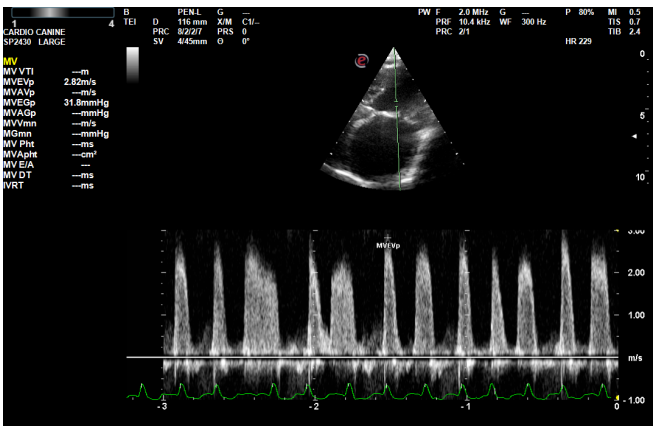

CARDIO CANINE
SP2430 LARGE
MV

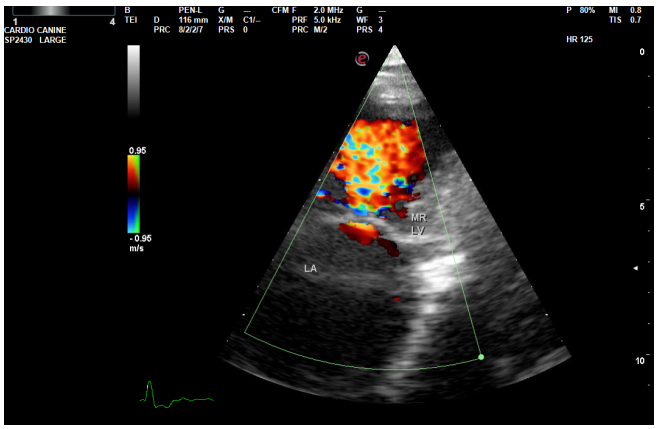

CARDIO CANINE
SP2430 LARGE
MV
EPSS 9.1mm
E-F Slp ---mm/s
MAPSE ---mm

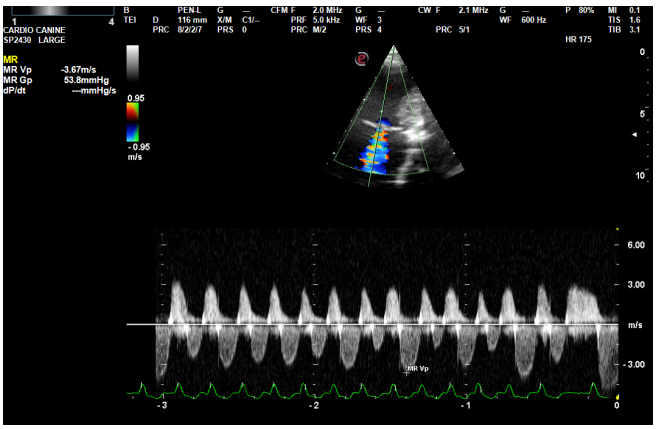

CARDIO CANINE
SP2430 LARGE
PV

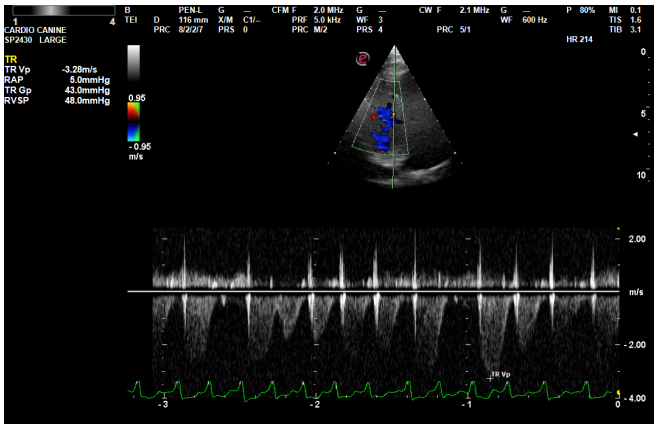

CARDIO CANINE
SP2430 LARGE
Pulm A
PA VTI ---m
PAVmn ---m/s
PA Gm ---mmHg
PA Vp -0.63m/s
PA Gp 1.6mmHg
PAeP ---mmHg
PA AT ---ms
Ao PEP ---ms
PA PEP ---ms
IVMD ---ms
PA Vp
m/s

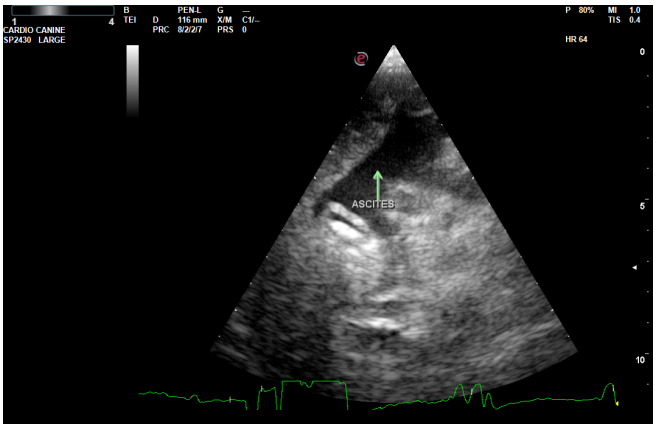

CARDIO CANINE
SP2430 LARGE
Aorta
AV VTI ---m
AVVmn ---m/s
AVGmn ---mmHg
AV Vp -1.05m/s
AVGp 4.4mmHg
AR Vp ---m/s
Ao AT ---ms
LVET ---ms
Ao PEP ---ms
PA PEP ---ms
IVMD ---ms
AV Vp
m/s

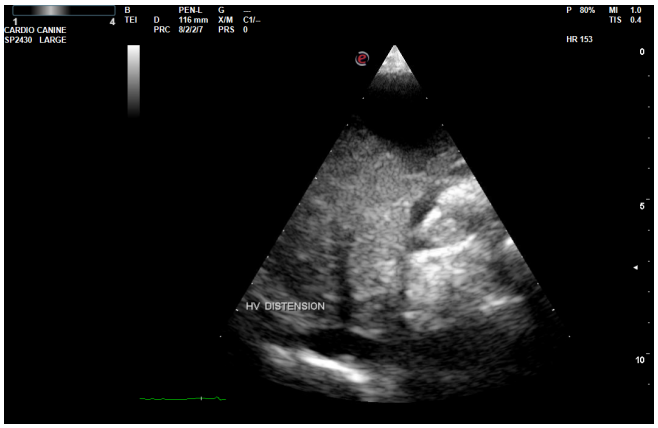

CARDIO CANINE
SP2430 LARGE
MV
MV VTI ---m
MVEVp 2.82m/s
MVAVp ---m/s
MVEGp 31.8mmHg
MVAGp ---mmHg
MVVmn ---m/s
MGmn ---mmHg
MV Pht ---ms
MVApht ---cm²
MV E/A ---
MV DT ---ms
IVRT ---ms
MVEVp
m/s


CARDIO CANINE
SP2430 LARGE
MR
LV
LA


CARDIO CANINE
SP2430 LARGE
MR
MR Vp -3.67m/s
MR Gp 53.8mmHg
dP/dt ---mmHg/s
MR Vp


CARDIO CANINE
SP2430 LARGE
TR
TR Vp -3.28m/s
RAP 5.0mmHg
TR Gp 43.0mmHg
RVSP 48.0mmHg
TR Vp


CARDIO CANINE
SP2430 LARGE
ASCITES


CARDIO CANINE
SP2430 LARGE
HV DISTENSION