

### PATIENT DATA

<b>OWNER NAME</b>	T---	<b>ANIMAL NAME</b>	B-----
<b>BREED</b>	SBT	<b>NEUTERED</b>	YES
<b>BIRTH DATE</b>		<b>AGE</b>	8 y
<b>GENDER</b>	F		
<b>IDENTIFICATION</b>		<b>EXAM DATE</b>	23 MAR 2018
<b>ACCESSION NUMBER</b>			
<b>OPERATOR</b>			
<b>EXAM DESCRIPTION</b>	CARDIAC		
<b>PERFORMING PHYSICIAN</b>	GEMMA O DONOGHUE	<b>REPORT DATE</b>	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	cm <sup>2</sup>	LVAs A2C	14.03	cm <sup>2</sup>
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
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**MV**

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

MR Vmax	-3.67	m/s	MR max PG	53.8	mmHg
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**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			
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#### M-Mode

**MV**

EPSS	9.1	mm			
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**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







