

Final Report

Date/Time Of Service	02/05/2021 13:56 (CST)	Receive Date/Time	02/05/2021 19:26 (CST)
Patient Name		Modality	ULTRASONOGRAPHY
Patient ID		Institution	IMAGING4PETSCHI
Age	11 Years 9 Months	Referring Veterinarian	
Sex	F	Image Count	1982
Species	Canine	Accession No.	15-1612533395-2
Breed	Chihuahua	Responsible Person	
Spayed/Neutered	YES		
Weight	15.400 lbs		

STUDY TYPE(S)

Echocardiogram

HISTORY / REASON FOR STUDY

RBC 4.1(low), range 4.8-9.3
 HGB 9.1 (low) range 12.1-20.3
 Platelet count 640 (high) range 170-400

Medications:

Torbutrol 5mg
 Azithromycin 200mg/5mL
 Furosemide 12.5mg
 Amlodipine Besylate 2.5 mg
 Vetmedin 2.5 mg

Reason for Exam

Persistent coughing and wheezing

History and Concurrent Illness

Isabelle was first presented with a cough on 10/15/20. The cough had been ongoing for 2 months and at times there would be blood. Bloodwork and X-rays were done and medications were dispensed. Cough seemed to get better. Isabelle was then presented again on 2/2/21 claiming that the cough has gotten worse. X-rays were taken again and there is now concern over worsening heart problems.

Prior Imaging Impressions

X-rays sent to antech diagnostics. Concern for heart disease and congestive heart failure was observed in findings.

OBSERVATIONS :

ECHOCARDIOGRAM: still images and cine loops submitted for review, including 2D, m-mode, color-Doppler, PW and CW Doppler

FINDINGS: The left ventricular chamber size is severely increased in diastole (44.0 mm) and mildly increased in systole (20.2 mm). There is a normal global systolic function based on a fractional shortening of 54.09% and a normal LVIDs. The left atrium is moderately increased in size (28.61 mm). There is an increased LA:Ao of 1.69. The mitral leaflets are moderately thickened and there is moderate insufficiency. The septal leaflet mildly prolapses. The aortic valve appears normal and is competent. The aortic valve has a normal flow profile and velocity (1.41 m/s). The right atrium is subjectively normal in size. The right ventricle is subjectively normal in size and function. The pulmonary artery and its branches appear normal in size. The pulmonary artery has a normal flow profile and velocity (0.95 m/s). The pulmonary valve appears normal and has no insufficiency. The tricuspid valve is mildly thickened and has trace to mild insufficiency. The TR jet velocity (1.0 m/s, 4.0 mmHg) estimates a normal systolic pulmonary artery pressure. There is no pleural effusion on these views. There is no pericardial effusion. There is no evidence of a macroscopic cardiac mass on these views.

DIAGNOSIS:

- Degenerative mitral valve disease, ACVIM Stage C, mildly decreased systolic function

RECOMMENDATIONS:

Continue pimobendan at 2.5 mg PO q 12 hrs.

Increase furosemide to 18.75 mg PO q 12 hrs if the 12.5 mg PO q 12 hr was chronic use and was not just started.

Electronically Signed By :

Approval Date/Time (CST) : 02/06/2021 10:54

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Start benazepril or enalapril at 0.25-0.5 mg/kg PO q 12 hrs.

Recheck thoracic radiograph in a week. Once an ACEI and/or furosemide is started, recheck blood work (renal values, electrolytes) and blood pressure are recommended 1 week after starting and then q 3-4 months.

Recommend cardiology recheck in 6 months (sooner if any cardiopulmonary concerns arise) for echocardiogram and blood pressure +/- thoracic radiographs.

The owner can be instructed to monitor resting respiratory rate and effort at home. If the resting respiratory rate increases above the established baseline or if tachypnea is noted, then repeat thoracic radiographs are immediately indicated. http://cardiaceducationgroup.org/wp-content/uploads/2015/09/CEG_resp-rate_handout_FINAL.pdf

Note that these recommendations are guidelines, and must be correlated with the history, physical examination findings, and diagnostic test results. The recommendations may need to be altered as the clinical status of the patient changes.

We sincerely appreciate being a part of Isabelle's care. Please feel free to contact me with any questions regarding this case, I am available for questions from veterinarians at consult@imaging4pets.com.

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