



Portland Cardiology Associates

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ATTN: Dr Brennan

July 1, 2014

Patient Name: Cindy Lou Who Leask

Primary Clinic: VCA Rock Creek Animal Hospital

Reason for consult: Presents for cardiac evaluation. She presented to VCA as a new patient earlier this month. A 4-5/6 systolic murmur was ausculted. A new murmur was ausculted approximately one year ago, and during her adoption process in South Carolina the murmur was noted to be slightly louder and chest films were obtained. Chest films suggested cardiomegaly. She was started on Lasix 12.5mg every 24 hours and Enalapril 2.5mg every 24 hours. Labwork at the recent vet visit showed a BUN of 23 and Creatinine of 0.5, and elevated ALT at 166. T4 and UA are within normal limits. Owner reports that she has lost one pound in about three weeks though her appetite is very strong. There is no reported history of overt cardiovascular clinical signs, and owner reports that that she has coughed twice in the month that she has been with her. Her energy level seems sufficient given her foster owner's description.

Physical Exam: 5.0 kg. HR 114. There is a 4/6 holosystolic murmur heard best at the left apex. Femoral pulse quality is good. Pulmonary auscultation is clear.

Blood Pressure: 70 mmHg with a #1 cuff on the tail

Echocardiograph: (unsedated) There is significant degenerative valve change affecting both the mitral valve leaflets and the tricuspid valve. There is mild prolapse of the anterior mitral valve leaflet. This has led to a severe jet of mitral insufficiency and severe left ventricular and left atrial volume loading. Contractile function remains adequate. There is mild pulmonary hypertension that is very likely the result of the left-sided changes. No effusions or masses are seen.

Diagnosis: Moderately advanced Degenerative Mitral Valve Disease prior to the onset of congestive heart failure

PATIENT CARE INSTRUCTIONS:

Mitral valve endocardiosis is a degenerative condition of the mitral valves, an important set of valves on the left side of the heart. This is the most common disorder that we see in canine hearts. These valves are supposed to prevent blood from going backwards when the heart contracts. Affected valves, however, will commonly allow some blood flow to go backwards with each contraction. Endocardiosis is a progressive condition, and affected valves will tend to allow progressively more blood flow to go backwards over time. This congestion of blood can cause heart enlargement, which can lead to clinical signs such as a cough, exercise intolerance, fainting/collapse, and in some cases congestive heart failure. Given the level of disease at this time I would recommend the following medications - as I do believe this disease will affect Cindy Lou Who's life. We will reassess disease progression at the time of your recheck.

Medications:

Please BEGIN Pimobendan 1.25mg every 12 hours

Please BEGIN Spironolactone 12.5mg in the AM and 6.25mg in the PM

In ONE WEEK Please INCREASE the Enalapril to 2.5 mg every 12 hours

Please DISCONTINUE the Lasix

Based upon her current stage of disease I am very concerned about her developing clinical signs of congestive heart failure in the next 4-18 months. It is possible the medications could help delay these symptoms. When she does develop congestive heart failure we will likely be able to extend her time of good quality life, likely for less than a year once we reach that point. It will be important to monitor for signs of left-sided congestive heart failure at home. Please monitor for a new progressive cough, labored breathing, exercise intolerance, fainting, or collapse. Please also monitor her respiratory rate by counting the number of breaths for a thirty second period and multiply by two for a per minute rate. This should be in the 20s or thirties. If it is persistently above 40 while at rest please call us right away, as this could be an emergency. You will not necessarily see these signs prior to the recheck, but if you do please give us a call right away as these can be signs of disease progression. If you do not see any of these signs, we will re-evaluate the heart, the rate of progression, and the need for medications at the time of the recheck. If you do not see any of these signs I would like to see her back for a **recheck in 4-5 months.**

Please give us a call with any questions.

Dr. William P. Rausch, DACVIM (Cardiology)

