

[REDACTED] (CA2343C)
Visit Report: Wednesday, November 22, 2023

VISIT	PATIENT	ACCOUNT
Reason: Telemed Consult Veterinarian: Luiz Bolfer Check In: 11/22/23, 8A Check Out: 11/22/23, 1P Referring Practice: [REDACTED] <small>Showing 1 of 3 practices.</small>	[REDACTED] ID CA2343C 13.5 YO FS MPIN (DOB: Feb 14, 2010) Female Spayed Canine Miniature Pinscher Weight: None Microchip #: None	[REDACTED]

Telemedicine Cardiology Consultation, Completed: 11/22/23, 12P

Veterinarian: Luiz Bolfer

History

P was taken to ER due to episode of syncope after coughing, stopped breathing, turning blue, owner did CPR, murmur grade 4, decreased appetite. Since ER visit an echocardiogram was performed which showed P diagnosed with DMVD B1 and sinus arrhythmia. Since ER visit O has been giving Pimo 1.25mg tablet twice a day. O says P has had multiple collapsing events and continued cough. P has also had a decreased appetite. P was prescribed entyce which has helped a little. Over the last couple days P has been better.

Diagnostics Performed:

Electrocardiogram: ECG: The predominant underlying rhythm is regular and consistent with sinus rhythm. No ventricular arrhythmia was noted.

Echocardiogram (report attached):

Left Ventricle: Normal chamber size in diastole. Normal systolic dimension. Hyperdynamic systolic function. Normal wall thickness.

Left Atrium: The left atrium is normal in size.

Right Ventricle: The right ventricle is subjectively normal in size.

Right Atrium: The right atrium is normal in size.

Aortic Valve: The aortic valve is trileaflet, and appears structurally normal, with Normal Doppler flow velocity across the valve in systole and no insufficiency noted.

Mitral Valve: Both leaflets of the mitral valve are moderately thickened, and prolapsed with moderate insufficiency. Normal mitral inflow velocity.

Tricuspid Valve: The tricuspid valve appears normal in structure and function. No insufficiency noted.

Pulmonic Valve: Pulmonic valve appears structurally normal with normal flow across the valve in systole and no insufficiency.

Pulmonary Artery: The main pulmonary artery is mildly dilated in relation to the Aorta.

Aorta: Ascending aorta is of normal caliber.

Pericardium: There is no pericardial effusion noted.

There is no pleural effusion. No cardiac masses or blood clots were seen.

No visible heartworms were seen in the pulmonary artery or right atrium.

Echocardiogram Measurements:

LVIDD (mm) - 19.9
LVIDS (mm) - 6.9
FS% - 66
LA (cm) - 1.50
LA/AO - 1.33
AV Vmax: 1.04 m/s
PV Vmax: 1.32 m/s

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MV E Vel: 0.72 m/s
MR Vmax: 5.96 m/s
MR max PG: 142.08 mmHg
TR Vmax: n/a
TR max PG: n/a

Diagnosis:

1. Degenerative Mitral Valve Disease ACVIM Stage B1 - Epic criteria.
No left-sided chamber enlargement.
2. Sinus rhythm on ECG.
3. Suspect vaso-vagal event after coughing and collapse.

Treatment Recommendations:

No cardiac medications are required for ACVIM Stage B1. You can stop the Pimobendan.

Empiric treatment for tracheobronchial collapse and lower inflammatory disease is reasonable. If tracheal sensitivity is present, fluoroscopy or bronchoscopy could be considered to confirm or rule out dynamic tracheal/airway collapse. Lateral cervicothoracic radiographs obtained at peak inspiration and peak expiration may also be helpful if fluoroscopy/bronchoscopy is not readily available.

1. Hydrocodone/Homatropine 5mg/5mL: Give 0.7 mL by mouth every 12 hours. Can also be used every 8 hours as needed to control cough.

2. Theophylline 100 mg tablet: Give 1/4 tablet by mouth every 12 hours. This medication will help as a bronchodilator and high vagal tone.

Diet: A well-balanced diet is recommended. Grain-free and raw diets are not recommended. A cardiac prescription is not required at the moment.

Preventatives: Year-round heartworm prevention is recommended for both dogs and cats in Florida.

Exercise: Exercise can be performed if tolerated well with no signs of heavy breathing or excess lethargy afterward. Allow the patient to limit their activity. If tired, do not push them further.

Anesthesia: There is a mild increased risk for complications compared to a normal cat. It is recommended to avoid giving drugs that increase heart rate (anticholinergics, dissociatives) or have pronounced vascular effects (dexmedetomidine, acepromazine) as premedication. A combination of an opioid and a benzodiazepine is generally considered cardiac-safe premedication. Standard induction with propofol or alfaxan and standard surgical rate fluids would likely be tolerated. Anticholinergics can be used intra-operatively if needed to treat bradycardia. These recommendations are based on the cardiac evaluation alone and may need to be modified based on clinical and laboratory findings at the time of the procedure.

Monitor closely for the development of symptoms such as loss of appetite, vomiting, diarrhea, weakness, decreased activity level or collapse, and increased respiratory rate (normal respiratory rate is less than 40 breaths per minute, advise to call if greater than 40, or greater than 20% increase), difficulty breathing, coughing or abdominal distention.

Follow-Up Exam:

Please call us in 2 weeks to let us know how Hanna is doing on the new treatment plan.

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Recheck exam, blood pressure, chest radiographs, and echocardiogram in 4 months to evaluate the progression of cardiac disease.

Your Doctor:

Luiz Bolfer, MV, DVM, Ph.D.(Cardiology), Dip.BCVECC, Residency Trained (ACVECC and ACVIM-Cardiology)

Dr. Bolfer is one of the few veterinarians in the country, and the only one in the State of Florida, with a double Residency Training in Emergency and Critical Care and Cardiology, which equates to 6 years of dedicated advanced specialty training. Dr. Bolfer is also one of the very few in the country, and the only one in the State of Florida, with a Doctorate Degree (Ph.D) in Veterinary Clinical Cardiology by the University of Florida, adding another 5 years to his dedicated training in Veterinary Cardiology, totaling 11 years of Specialty training. Dr. Bolfer is an experienced and passionate veterinarian committed to improving animals' lives and their quality of life through a collaborative and specialized approach while maintaining excellent communication with his clients, colleagues, and other medical professionals. He is highly accomplished in his field with many years of experience in internal medicine, cardiology, nephrology, hemodialysis, and emergency medicine in both private practice and academic settings and has provided leadership in multiple areas of practice including academia, clinical services, research, and education.

Medication Refill

Request for refills of medications are processed during regular business hours and are available for pickup at any of our locations or mailed directly to your home. No prescriptions refills on weekends or holidays. Medication refills can either be called into the office (689) 249-9281. All medication refills require 48 hours (2 business days) notice. Please contact us at least two (2) business days before your medication is due to run out. If you would like your medication mailed, please anticipate that it will take 3-5 days to arrive. Please be aware that before we may refill your script, we must review your pet's medical records, verify dosages and refill eligibility. If your pet is due for an appointment with us, a follow-up visit may need to be scheduled in order to refill the medication. Medications sent through mail incur a small shipping fee.