

Case Log #		Date		Patient ID +/-or #	
53		2/19/2015		313187	
Species	Breed	Sex	Age	Weight in Kg.	
Canine	Shih Tzu	CM	4 years	6.8kgs	

Diagnosis Caval syndrome secondary to heartworm disease

Advanced Skills & Procedures I performed

- Physical examination: V/VI diastolic right heart base; II-III/VI systolic and diastolic at left heart base
- Echocardiogram interpretation: RVH and prominent papillary muscles on right parasternal short axis; cor pulmonale on right parasternal short axis views; heartworms seen in RV and RA on right parasternal four chamber long axis view; PA dilation with multiple heartworms seen in right parasternal short axis view of the PA; PI and TR seen with CF Doppler
- Thoracic radiograph interpretation: identified PA and right heart enlargement on DV and lateral view
- Set up fluoroscopy suite
- Set up and identified heartworm retrieval system (Ishihara forceps)
- Set up Lifepak 20e for ECG monitoring
- Calculated and administered dexamethasone SP 3.17 mg/kg (20 mg) IV over 30 minutes

Advanced Skills & Procedures I assisted

- Echocardiogram
- Fluoroscopy

Outcome Patient admitted for heartworm removal. Patient discharged the next day into the care of the owner. Continue doxycycline 7.35 mg/kg (50 mg) PO BID for 30 days and monthly ivermectin-based heartworm preventative. Recheck exam, echocardiogram, and administer adulticide (melarsomine) split protocol in 1 month.

Case Log #		Date		Patient ID +/-or #	
56		2/22/2015		313351	
Species	Breed	Sex	Age	Weight in Kg.	
Feline	DSH	CM	5 years	5.8kgs	

Diagnosis CHF secondary to HCM; episodes of collapse (r/o – secondary to CHF vs. intermittent arrhythmia vs. thromboembolic event)

Advanced Skills & Procedures I performed

- Calculated and administered 0.2 mg/kg (1.16 mg) butorphanol and 0.2 mg/kg (1.16 mg) midazolam IV for echocardiogram
- Echocardiogram: LV hypertrophy, pericardial effusion and LA enlargement on right parasternal short axis view; spontaneous echogenic contrast with suspected soft tissues opacity in the left auricular appendage; MR seen with CF Doppler
- Obtained 6 lead ECG: sinus rhythm
- Calculated ECG measurements: P wave amplitude – 0.3mV (RA enlargement), P wave duration – 0.04s, P-R interval – 0.08s, Q-T interval – 0.16s, QRS interval – 0.02s, R wave amplitude – 0.9mV, T wave amplitude – 0.1mV
- Thoracic radiograph interpretation: identified pulmonary edema, pleural effusion, LA enlargement on lateral and DV views
- Calculated VHS on right lateral: 10
- Obtained blood pressure via Doppler: 130-140 mmHg

Advanced Skills & Procedures I assisted

Outcome Patient was hospitalized for two days then discharged into the care of the owner. CHF signs improved, and no collapse episodes witnessed in hospital. Started furosemide 1.07 mg/kg (6.25 mg) PO SID and clopidogrel 3.23 mg/kg (18.75 mg) PO SID. Recheck in 1 to 2 weeks.

Case Log #		Date		Patient ID +/-or #	
33		11/19/2014		307462	
Species	Breed	Sex	Age	Weight in Kg.	
Canine	Am Staff Ter	M	1 years	27kg	

Diagnosis PS

Advanced Skills & Procedures I performed

- Physical examination: auscultated V/VI systolic murmur over the left heart base
- Echocardiogram interpretation: identified RVH and post stenotic dilation of the PA; identified thickened PV on right parasternal short-axis view; PI was identified using CF Doppler and spectral Doppler (CW) used to measure pressure gradient across PV (4.4 m/s-5 m/s, 80-100 mmHg)

- Set up and performed micro-bubble contrast echocardiogram prior to balloon valvuloplasty
- Set up fluoroscopy suite and prepared patient for balloon valvuloplasty
- Set up Lifepak 20e for ECG monitoring
- Set up and calibrate physiographic transducers to measure direct intracardiac and intravascular pressures
- Set up and identified cardiac catheters used for balloon valvuloplasty: vascular introducer into right jugular vein; Berman into the right heart for pressure measurement and angiography; balloon catheter to dilate PV
- Obtained 6 lead ECG: deep S waves (RV enlargement)
- Calculated MEA: -150 degrees – right axis shift
- ECG measurements: P wave amplitude – 0.4mV, P wave duration – 0.06s , P-R interval – 0.12s, Q-T interval – 0.18s, QRS interval – 0.06s, R wave amplitude – 0.9mV, T wave amplitude – 0.6mV
- Angiography interpretation: identified valvular PS with RVH, post stenotic dilation of the PA, and TR

Advanced Skills & Procedures I assisted

- Echocardiogram
- Fluoroscopy
- Developed a list of equipment for balloon valvuloplasty

Outcome Patient discharged the day after balloon valvuloplasty performed. Pressure gradient during procedure decreased to 60-70 mmHg. On echocardiogram the following day, pressure unchanged from the initial 80-100mmHg. Started clopidogrel 2.77 mg/kg (75 mg) PO SID for three weeks. Recheck echocardiogram in 2 to 3 months. If patient becomes symptomatic, consider a second balloon valvuloplasty.