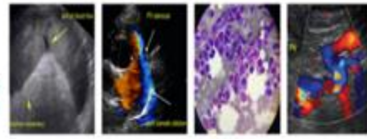
Mass Veterinary Services



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Benjamin James Lussier

SPECIES

Canine

BREED

Terrier Mix

SEX

Male Neutered

AGE

10 years

WEIGHT

16.6lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28209

DATE

1/10/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - late B2. Presently, doing well at home - no coughing, good appetite, good energy. On exam: NSR, grade IV/VI murmur with PMI left apical area mildly radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 110-120mmHg. Current medications: 1) Pimobendan/vetmedin 7.5mg 1/3 tab twice a day 2) Snip tips 3) Spironolactone 25mg 1/2 tab twice a day *No sedation for study.
-Pertinent previous echo findings (7/26/22 MML): LA 3.3 cm; LA:Ao 2.1; LV 3.8 cm; severe LAE; LVE; severe MR; mild TR (3 m/s; 36 mmHg); early pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is increased with hyperdynamic function. LV wall thicknesses are normal.
Left atrium: The left atrium is severely dilated.
Mitral valve: The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.
Aortic valve/Aorta: The aortic valve appears thickened with a normal outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: Normal RA dimension.
Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with moderate pulmonary hypertension.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 90bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	3.1
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.7
LVID diastole (cm)	3.8
PW thickness (cm)	0.7
LVID systole (cm)	1.6
FS (%)	58

Doppler Measurements

PV Vmax (m/s)	1.6
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.8
TR Vmax (m/s)	3.7
TR PG (mmHg)	56

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with overall stability. Severe mitral and mild tricuspid regurgitation are unchanged with stable left heart dimensions. Of some concern, the pulmonary pressures have increased from mild to moderate; however, in a dog without respiratory signs simple monitoring is advised. No additional concurrent issues are documented.

Given these findings, continue medications as previously recommended. No obvious indication for an ACE-I based upon the reported blood pressure. Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (late B2). Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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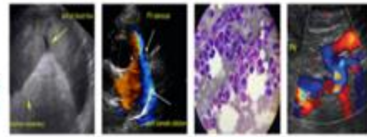

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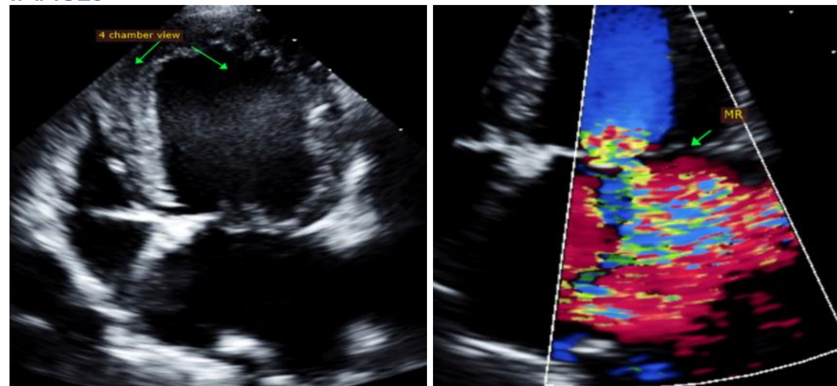
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Continue Spironolactone 1-2mg/kg PO q12h.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised, as there is high risk for complication. If necessary, cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso or sevoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 cage. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Moderate IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

- A renal panel is recommended every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)