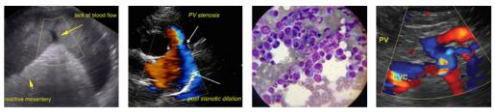
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Hannah Adams

SPECIES
Canine

BREED
Beagle

SEX
FS

AGE
10 y

WEIGHT
11.7 kg

INTERPRETED BY
Keith Blass, DVM, MS DACVIM(Cardiology)

HOSPITAL NAME
New England AMC

REFERRING VET
Dr. Doyon

INVOICE

DATE
1/31/22

PRESENTING CLINICAL SIGNS

Dyspneic and cyanotic. Radiographs show cardiomegaly and pulmonary edema. Elevated liver values, azotemia (BUN 58, Cr 1.9). Receiving furosemide 2 mg/kg q6h, pimobendan 0.25 mg/kg BID, oxygen supplementation.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. No evidence of a chordal rupture is seen. A moderate jet of eccentric mitral regurgitation is present. There is moderate left ventricular dilation. Left ventricular systolic function is normal. The aorta and aortic are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of moderate pulmonary hypertension (PG 70.9 mmHg). The pulmonary artery and pulmonic valve are normal. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

LA – 42.0 mm
LVIDd – 40.8 mm
LVIDs – 17.6 mm
FS – 56.8%
RA – 24.9 mm
LVOT – 1.21 m/s
RVOT – 0.80 m/s
TR – 4.21 m/s

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
Pulmonary hypertension

This examination demonstrates regurgitation of blood across Hannah's mitral and tricuspid valves resulting from degenerative valve disease. Hannah's tricuspid valve appears to be mild, as she does not have secondary dilation of either of her right heart chambers. Her mitral valve disease is more advanced, as Hannah has moderate mitral regurgitation present, with moderate secondary dilation of both her left atrium and left ventricle, as well as moderate secondary pulmonary hypertension. Given these findings, it comes as no surprise that Hannah reportedly has developed cardiogenic pulmonary edema, and it's possible that her pulmonary hypertension could also be contributing to her respiratory clinical signs.

Continued use of furosemide, pimobendan, and oxygen supplementation in-hospital is recommended, with the goal of tapering the furosemide dose to ~25 mg BID, if possible. I also recommend starting Hannah on sildenafil (20 mg TID while hospitalized). Once Hannah is stable enough to go home, recommended maintenance therapy includes furosemide (minimum 25 mg BID), pimobendan (5 mg am, 2.5 mg pm), spironolactone (12.5 mg BID), and sildenafil (20 mg BID-TID). ACE-inhibitor therapy is not recommended at this time due to the presence of azotemia.

Recheck radiographs and a renal/electrolyte profile are recommended in 24-48 hours, and again in 1-2 weeks. A recheck echocardiogram is recommended in 6 months, sooner if Hannah experiences syncopal episodes or develops peritoneal effusion.

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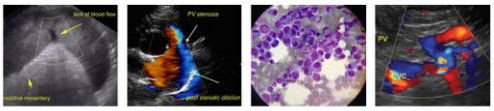

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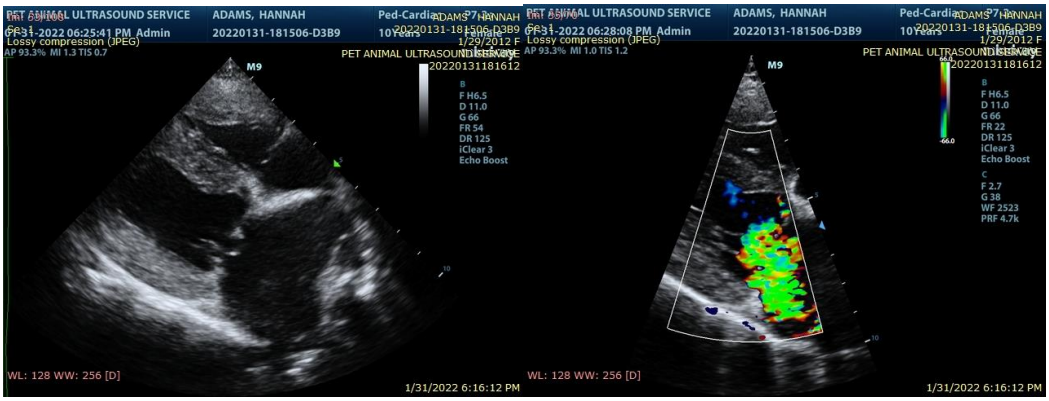

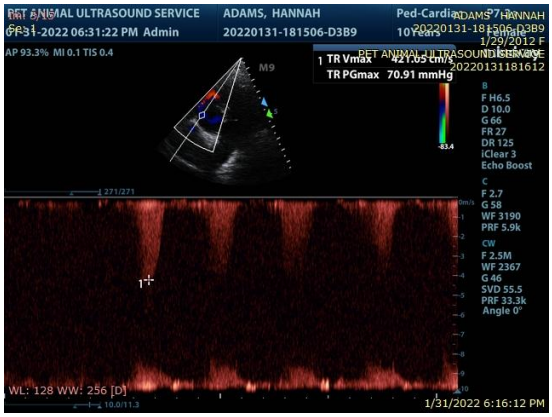

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Keith Blass, DVM, MS, DACVIM (Cardiology)

KeithBlass@gmail.com

631-804-5754