

PATIENT

Humphrey Adams

SPECIES

Canine

BREED

Spaniel Mix

SEX

Male Neutered

AGE

10 years

WEIGHT

48.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCE

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

21587

DATE

10/19/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage late B2. Current presentation: Humphrey is doing well but does cough, especially in the evenings or first thing in the morning a few times per week. Good appetite. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 220mmHg. x 3.

-Current medications: 1) Pimobendan/vetmedin 5mg 1.5 tabs twice a day 2) Enalapril 10mg 1.5 tabs twice a day 3) Spironolactone 25mg 1 tab twice a day 4) Snip tips daily *No sedation for study.

-Pertinent previous echo findings (3/2021 MML): Mild to moderate LAE, borderline LVE, moderate to severe MR, mild TR: 2.4m/s. LA: 3.4, LV: 3.6.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is borderline with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with a normal velocity.

Aortic valve/Aorta: The aortic valve appears thickened with borderline increased 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; normal velocity.

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.

2-Dimensional Measurements

Ao diam (cm)	2.0
LA diam (cm)	2.8
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.75
LVID diastole (cm)	3.5
PW thickness (cm)	0.84
LVID systole (cm)	2.3
FS (%)	42

Doppler Measurements

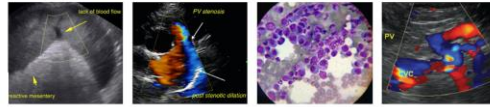
PV Vmax (m/s)	0.76
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	5.2
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with continued improvement in left heart dimensions. The left atrium was mild to moderately enlarged and now appears only mild. No additional issues are identified such as pulmonary hypertension or systolic dysfunction.

Given these findings, no additional medications are indicated. You could argue this patient potentially no longer needs Spironolactone/Enalapril and if the dimensions remain stable to improved on the next study, we may consider discontinuing these medications.

Continued assessment of progression in the future will help predict long term outcome,



PATIENT
Humphrey Adams

however prognosis remains guarded at this stage (B1/B2). Even with stability, the patient may be at risk for progression to CHF and associated clinical signs in the future.

SPECIES
Canine

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

BREED
Spaniel Mix

SEX

Male Neutered

AGE

10 years

WEIGHT

48.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

RECOMMENDATIONS

- Continue 3 medications as prescribed. If patient continues to improve, consider potentially discontinue all or some in the future.
- 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.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

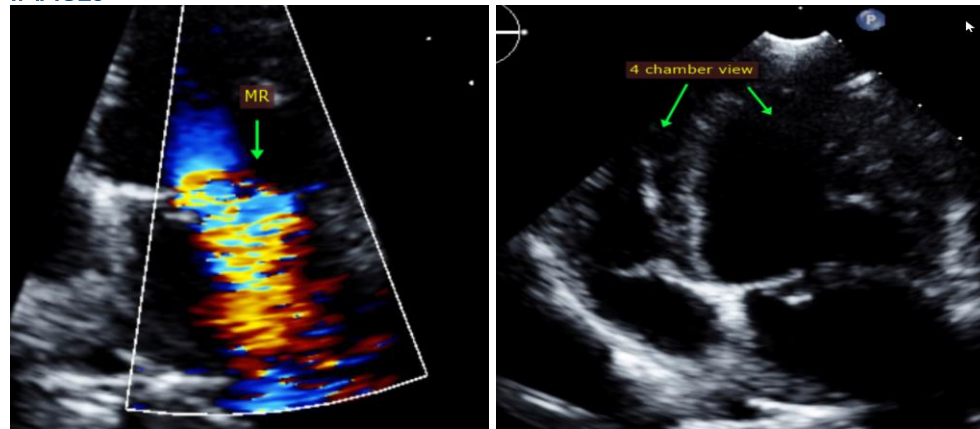
PLAN

- 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.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

IMAGES



HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

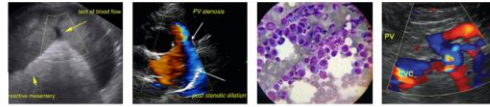
Dr. Masloski

INVOICE

21587

DATE

10/19/21



PATIENT
Humphrey Adams

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.

SPECIES
Canine

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.

BREED
Spaniel Mix

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

SEX
Male Neutered

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

AGE
10 years

WEIGHT
48.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

21587

DATE

10/19/21