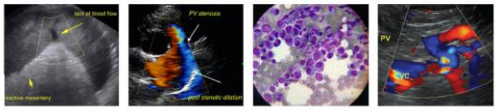
Mass Veterinary Specialty Services
1-413-734-1292



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Mia Vanwright

SPECIES
Canine

BREED
CKCS

SEX
Female Spayed

AGE
9 years

WEIGHT
20.6lbs

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
21607

DATE
10/19/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage C. Current presentation: HX: Mia has been coughing daily, worse first thing in the morning. Occasional labored breathing , typically involving exercise. She continues to eat well with no S/V/D/PU/PD. Her activity remains normal. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area, PSS, lung fields clear, no cough with tracheal pressure. BP: 240-260mmHg
-Current medications: 1) Pimobendan/vetmedin 3.75 mg 1/2 tab twice a day 2) Lasix/furosemide 20mg 1 tab twice a day 3) Spironolactone 25mg 1/2 tab twice a day 4) Fish oils/vitamin E daily *No sedation for study.
-Pertinent previous echo findings (3/3/21 MML): LA 3.8 cm; LA:Ao 2.4; LV 4.6 cm; severe LAE; severe MR; mild TR (3.1 m/s); mild pHTN.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: Marked LV dilation with decreased myocardial function.
Left atrium: The left atrium is markedly dilated.
Mitral valve: Diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Marked eccentric mitral regurgitation with a normal velocity.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: Mild RV dilation.
Right atrium: Mild right atrial dilation.
Tricuspid valve: The tricuspid valve appears thickened, with mild tricuspid regurgitation. Normal velocity.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	4.5
LA:Ao (Swe)	2.5
IVS thickness (cm)	0.6
LVID diastole (cm)	5.0
PW thickness (cm)	0.6
LVID systole (cm)	2.7
FS (%)	46

Doppler Measurements

PV Vmax (m/s)	0.75
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	6.2
TR Vmax (m/s)	2.6
TR PG (mmHg)	28

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of continued progression. The left heart is markedly enlarged putting the patient in extremely high risk for complication. No significant comorbidities such as pulmonary hypertension are identified.

Given that the patient continues to have respiratory signs, recommend a trial Lasix increase to assess response. Spironolactone and Pimobendan should certainly be continued going forward; however, these dosages can also be pushed as below. Additionally, Enalapril should be reconsidered, particularly given extremely high blood

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pressure on exam. It this is thought to be a real value, ancillary therapy may also be indicated utilizing Amlodipine or similar.

Prognosis is poor long-term, and our goal is simply to improve quality of life as best we can for the short-term. If this continues to suffer, humane euthanasia should be considered. Patient is at extremely high risk for recurrent CHF, development of malignant arrhythmias and/or sudden death in the future.

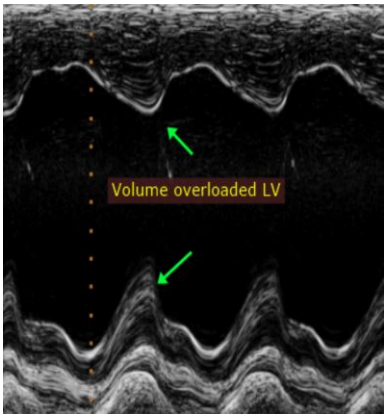
RECOMMENDATIONS

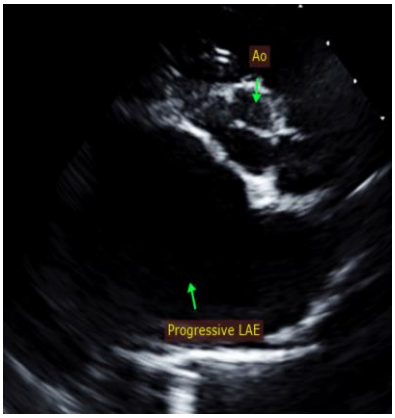
- Consider a trial Lasix increase to q8h dosing. Administer 20mg PO q8h for 1 week and assess for clinical improvement. If not significant, return to current dose.
- Increase Spironolactone to 25mg am, 12.5mg pm.
- Consider TID Pimobendan.
- Reinstitute ACE-I 0.5mg/kg PO q12h.
- Reassess BP in 1-2 weeks; if persistently elevated consider ancillary therapy.
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

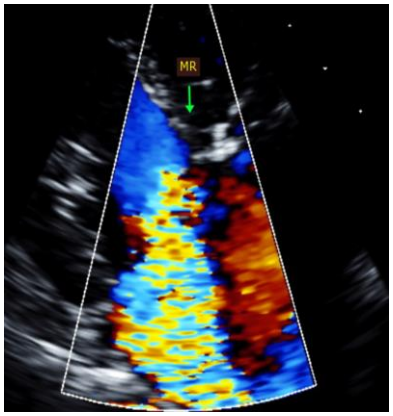
PLAN

- Monitor renal values and BP in 1-2 weeks, then every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES







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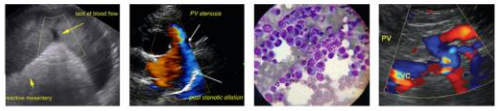

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. 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)