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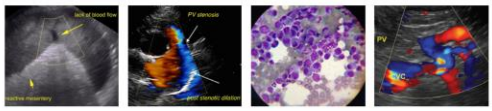


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Tyga Golden

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Male Neutered

AGE
11 years

WEIGHT
17.6lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wignall Animal Hospital

REFERRING VET
Dr. Cramb

INVOICE
27008

DATE
10/20/22

PRESENTING CLINICAL SIGNS

History: Cough since dental at another hospital. Heart murmur, Grade II-III/VI. Started Hydrocodone 1/2t BID-TID, Vetmedin 2.5mg 1t BID, Furosemide 12.5mg 1.5 tabs, Clavamox 125mg 1t BID. Radiographs: Mild to moderate right heart and left atrial enlargement. Mild interstitial markings are also present in the lung; cannot rule out non-compensated mitral/tricuspid insufficiency from valvular endocardiosis. BP: 148, 149, 158mmHg.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: There is mild LV dilation with hyperdynamic function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately enlarged.
Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Severe mitral regurgitation. Normal velocity.
Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trivial 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 trace 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.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.5
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.6
LVID diastole (cm)	3.6
PW thickness (cm)	0.6
LVID systole (cm)	1.4
FS (%)	60

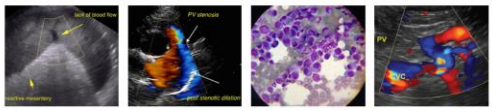
Doppler Measurements

PV Vmax (m/s)	0.73
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.3
TR Vmax (m/s)	2.6
TR PG (mmHg)	27

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral and trace tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. No additional issues are identified.

While it is uncommon for moderate valve disease to lead to CHF, if pulmonary edema was suspected on films and the patient responded to diuretic therapy, this would support the diagnosis. Lifelong medication should be continued as suggested below in this instance. That being said, if there is any question on the diagnosis (ie lack of response to diuretic), consider weaning the Lasix and assess response. This breed is highly predisposed to primary airway disease and is suspected in this case.



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If confirmed, the average survival of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of renal values is recommended lifelong.

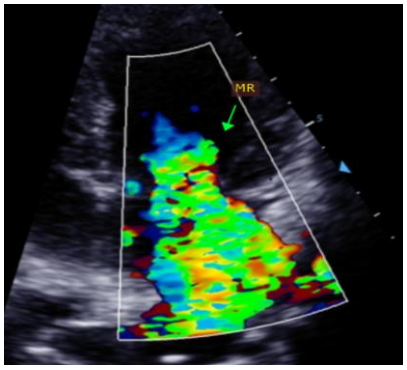
RECOMMENDATIONS

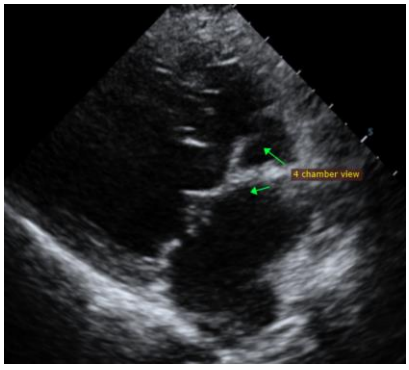
- If CHF is suspected and patient responded to diuretic, continue Lasix 1-2mg/kg PO q12h with addition of an ACEI 0.5mg/kg PO q12h.
- If CHF is not confirmed nor suspected, consider wean and discontinue Lasix therapy.
- Utilize Hydrocodone if needed for quality of life.
- Regardless of clinical signs, continue Pimobendan 0.25-0.3mg/kg PO q12h and ACE-I 0.5mg/kg PO q12h.

PLAN

- Monitor renal values and BP every 3-4 months.
- 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