PAUS
Pet Animal Ultrasound Service
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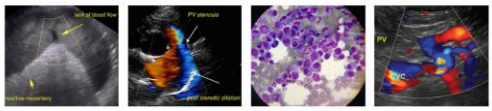

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Briscoe Haines

SPECIES
Canine

BREED
German Shepherd mix

SEX
Male Neutered

AGE
11 years

WEIGHT
57lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wignall Animal Hospital

REFERRING VET
Dr. Khayami

INVOICE
21646

DATE
10/21/21

PRESENTING CLINICAL SIGNS

History: Intermittent panting; heart murmur II/VI. Medication: Rimadyl 100mg 1/2 BID, Gabapentin 100mg 2c BID.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are mildly increased.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is diffusely thickened with no prolapse into the left atrial lumen. Mild anterior-directed mitral regurgitation with a normal velocity.
Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace aortic insufficiency. The aortic root and ascending segment are severely dilated.
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 normal with trace tricuspid regurgitation. Normal velocity.
Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace 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 100bpm.

2-Dimensional Measurements

Ao diam (cm)	3.4
LA diam (cm)	2.6
LA:Ao (Swe)	0.8
IVS thickness (cm)	1.0
LVID diastole (cm)	3.6
PW thickness (cm)	1.0
LVID systole (cm)	2.4
FS (%)	34

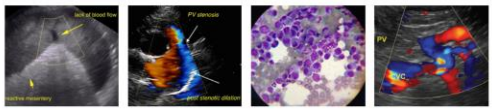
Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.4
TR Vmax (m/s)	2.1
TR PG (mmHg)	1.8

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild mitral and trace tricuspid regurgitation is identified. Lack of significant left atrial enlargement indicates the current risk for complication is low. Of clinical concern is the finding of mild LV hypertrophy, a small aortic insufficiency and massive aortic dilation. These findings are most supportive of systemic hypertension and a blood pressure should be assessed. No additional issues are noted in this study.

If the patient is deemed to be hypertensive (i.e., BP >160mmHg), institute Amlodipine to effect and screen for possible underlying predisposing issues (renal disease, adrenal tumor, etc.). Screening for proteinuria is recommended as well in this instance as an ACE-I may be needed. If systemic hypertension is not present, these findings are difficult to explain and may reflect a primary aortopathy. Follow up is advised based upon results.



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No cardiac medications are indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

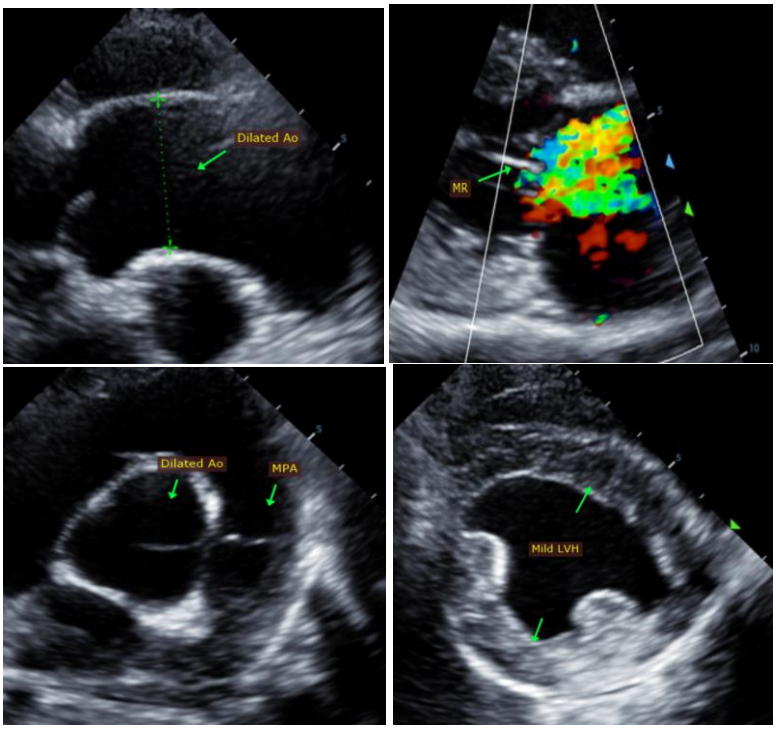
RECOMMENDATIONS

- Baseline BP strongly recommended with institution of Amlodipine to effect if BP is >160mmHg.
- Screen for underlying causes, proteinuria, etc.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- 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.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recheck BP every 3-4 months in this patient.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES



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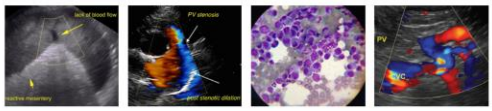

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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