



PATIENT

Bentley Ocasio

SPECIES

Canine

BREED

Bichon Frise Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

12.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

27091

DATE

10/25/22

PRESENTING CLINICAL SIGNS

History: Bentley is referred to evaluate a heart murmur. Coughs several times a day with periods of labored breathing (his cough is dry and non-productive). His appetite and activity level remain normal. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, though panting heavily. BP: 150mmHg x 5. Started Pimobendan 1.25mg BID, Lasix 12.5mg, 1/2 t BID, Diphenoxylate with atropine 2.5mg, 1/2 t BID on 10/10 22.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is normal on based view; however, a horizontal component is not taken into account. Increased LA max.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate 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. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.

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)	1.8
LA diam (cm)	2.0
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.6
LVID diastole (cm)	3.6
PW thickness (cm)	0.7
LVID systole (cm)	1.9
FS (%)	47

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.1
TR Vmax (m/s)	3.0
TR PG (mmHg)	36

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and mild tricuspid regurgitation. Moderate atypical left atrial enlargement (horizontal) indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. Mild pulmonary hypertension is noted, which is likely secondary to a cough. No additional issues are identified.

Given these findings, continue Pimobendan is recommended as below; however, there is no obvious indication for Lasix therapy. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

The cough is suspected to be due to a combination of mainstem bronchi compression and potentially airway disease in this predisposed breed. Screening CXR, hydrocodone, etc. may be useful.



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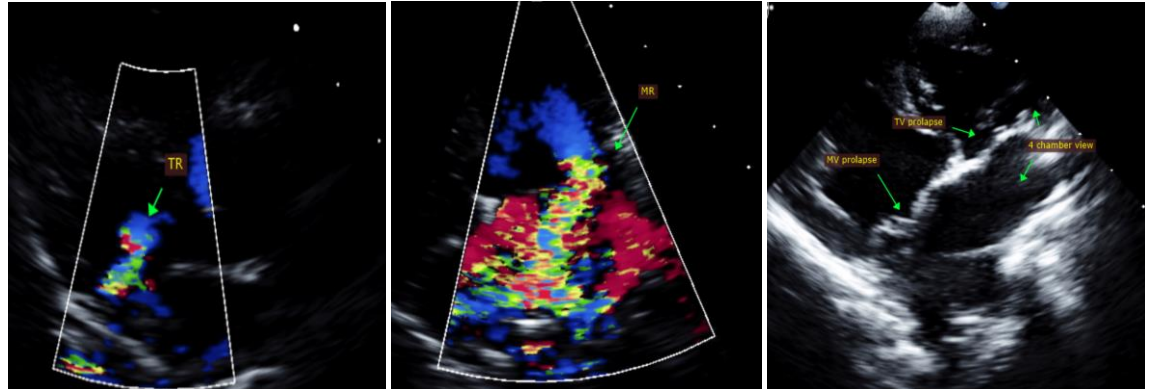
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Discontinue Lasix as discussed.
- Consider CXR, hydrocodone, etc. as discussed.
- 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

- 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
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info@sonopath.com

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