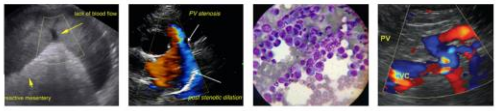
Mass Veterinary Specialty Services
1-413-734-1292



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**
Max Souliere

**SPECIES**
Canine

**BREED**
Yorkshire Terrier

**SEX**
Male Neutered

**AGE**
10 years

**WEIGHT**
13.75lbs

**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**
21713

**DATE**
10/26/21

## PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Increased coughing - dry, hacking. Some labored breathing after the coughing episodes. Good appetite - no S/V/D but is a bit PU/PD. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right with grade II/VI murmur noted on left, PSS, lung fields clear. BP: 100-110mmHg.
-Current medications: 1) Apoquel 5.4mg 1/2 tab 2) Pimobendan/vetmedin 1.25mg 1.5 tabs twice a day 3) Ursodiol/actigall 80mg 0.5 mls twice a day 4) Fish oils 5) Enalapril 2.5mg 1 tab twice a day 6) Spironolactone 25mg 1/4 tab twice a day *No sedation for study.
-Pertinent previous echo findings (4/6/21 MML): LA 3.0 cm; LA:Ao 2.0; LV 3.6 cm; severe LAE; severe MR; mild TR (2.6 m/s).

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
**Left ventricle:** The LV diameter is increased with hyperdynamic function. LV wall thicknesses are normal.
**Left atrium:** The left atrium is markedly dilated.
**Mitral valve:** The mitral valve is markedly thickened with prolapse into the left atrial lumen. Marked eccentric mitral regurgitation with a normal velocity.
**Aortic valve/Aorta:** The aortic valve appears normal with normal 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 no obvious tricuspid regurgitation.
**Pulmonic valve/Pulmonary artery**: The pulmonic valve is normal in morphology and mobility. Trivial 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 bpm.

**2-Dimensional Measurements**

| | |
|---|---|
| Ao diam (cm) | 1.3 |
| LA diam (cm) | 3.7 |
| LA:Ao (Swe) | 2.8 |
| IVS thickness (cm) | 0.78 |
| LVID diastole (cm) | 3.9 |
| PW thickness (cm) | 0.76 |
| LVID systole (cm) | 1.5 |
| FS (%) | 62 |

**Doppler Measurements**

| | |
|---|---|
| PV Vmax (m/s) | 0.92 |
| AoV Vmax (m/s) | 1.5 |
| MR Vmax (m/s) | 5.0 |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |

## INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with continued progression. Marked MR and marked left heart dilation continues to worsen, putting the patient at exceedingly high risk for decompensation. No additional issues are identified.

With this degree of left heart changes and progressive disease, the risk for spontaneous congestive heart failure is elevated and low dose Lasix is reasonable at this point. The cough is suspected to be secondary to mainstem bronchi compression; however if any progressive RR/RE difficulty is appreciated radiographs should be evaluated. Finally, the BP is low (180mmHg on the prior exam) and a dose adjustment in ACEI is recommended.

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Long term prognosis is guarded to poor, with high risk for CHF. Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

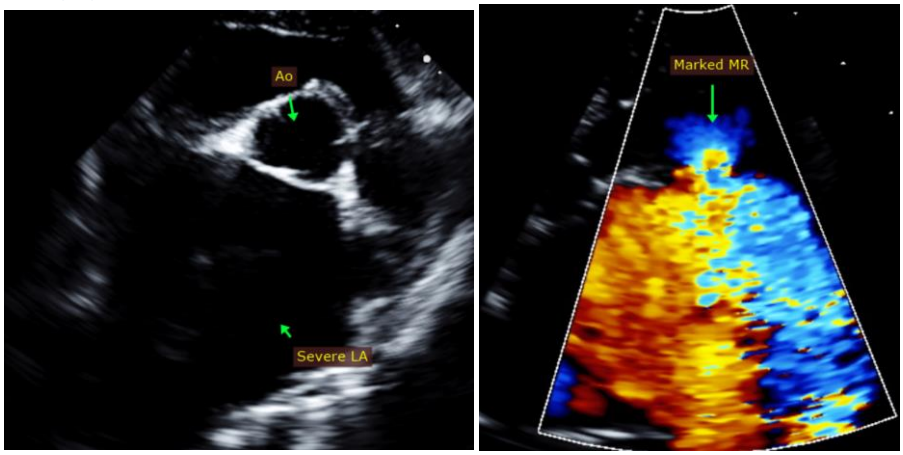
## RECOMMENDATIONS

- Continue Pimobendan/Spironolactone as prescribed.
- DOSE DEC: Administer Enalapril 1.25mg PO q12h.
- Institute Lasix/furosemide 1-2mg/kg PO q12h.
- Consider hydrocodone if needed for QOL.
- 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.
- Elective anesthesia is not advised.

## PLAN

- A renal panel is recommended 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




**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

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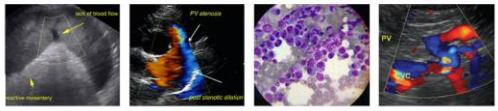

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**Echocardiogram performed by:** Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)