



PATIENT

Abby Adamczyk

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Female Spayed

AGE

12 years

WEIGHT

20.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

27223

DATE

11/1/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease, advanced, marked LA/LV dilation on prior echocardiogram 3/30/22 (Nancy Morris, DVM, DACVIM-Cardiology). Cough had been an ongoing issue, mostly at night and when a little more active. At today's presentation, Abby is still coughing, but is able to sleep through the night. She does occasionally hack/cough when she gets up. Eating well with normal activity and no collapse episodes. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, femoral pulses fair to good, PSS, lung fields clear, mm slightly pale, pink, moist, CRT<2. BP: 180mmHg x 5. Current medications: 1) Pimobendan/vetmedin 7.5mg 1/3 tab twice a day 2) Enalapril 2.5mg 1.5 tabs twice a day 3) Lasix/furosemide 20mg 1/2 tab twice a day 4) Spironolactone 25mg 1/4 tab twice a day 5) Diphenoxylate with atropine 2.5mg 1.5 tabs 1-2 times a day as needed to control cough 6) Alprazolam 0.5mg 1 tab prn for anxiety *No sedation for study.

-Pertinent previous echo findings: LA 3.64 cm; LA:Ao 2.49; LV 4.76 cm; 3-4 + MR, 1.5 + TR (3.14 m/s; 36 mmHg); mild pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: LV is severely dilated with hyperdynamic 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, 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 RA dilation.

Tricuspid valve: The tricuspid valve appears thickened with septal prolapse and moderate tricuspid regurgitation. Velocity consistent with moderate to severe pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Normal pulmonic outflow velocities. No pulmonic insufficiency.

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)	1.3
LA diam (cm)	3.8
LA:Ao (Swe)	2.9
IVS thickness (cm)	0.7
LVID diastole (cm)	4.7
PW thickness (cm)	0.7
LVID systole (cm)	2.4
FS (%)	49

Doppler Measurements

PV Vmax (m/s)	0.83
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	5.1
TR Vmax (m/s)	4.4
TR PG (mmHg)	77

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with mitral and tricuspid regurgitation. Compared to what is available to the prior study, the left heart is severe yet similar to previous. What is significantly progressed is the pulmonary hypertension is now moderate to severe, likely secondary to a combination of issues in this case. No obvious additional issues are identified.



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Given what is seen here, recommend alternations to medications as below including more aggressive diuretic therapy. Sildenafil is also warranted, given the severity of the pulmonary hypertension. Finally, consider an alternative cough suppressant, such as Hydrocodone if the cough is affecting quality of life.

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Long term prognosis is poor, and our goal is to maintain quality of life for as long as possible with a mean survival time of <6 months. Patient will always be at risk for progression to CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

BREED

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RECOMMENDATIONS

SEX

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- Consider increase Pimobendan to TID dosing.
- Increase Lasix to 20mg am, 10mg pm.
- Increase Spironolactone to 12.5mg PO q12h.
- Continue ACE-I as prescribed.
- Institute Sildenafil 1-2mg/kg PO q12h.
- Consider Hydrocodone if needed for quality of life.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is the best way to screen for progression to CHF at home.

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PLAN

- Monitor renal values and BP every 3-4 months lifelong.
- A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

IMAGES

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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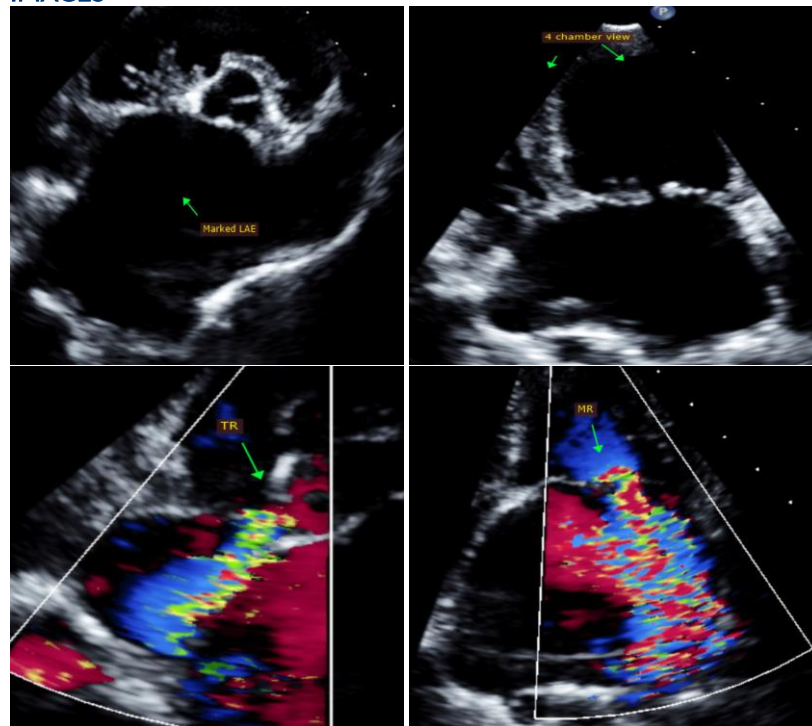
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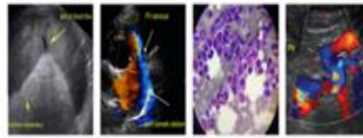
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Services



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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.

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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.

BREED

Shetland Sheepdog

Maggie Machen Lamy, DVM
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info@sonopath.com

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

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