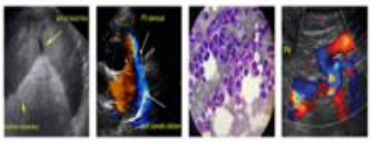
Mass Veterinary Services



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

PATIENT
Bungee Brown

SPECIES
Canine

BREED
Australian Shepherd

SEX
Male Neutered

AGE
5 years

WEIGHT
43.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
22046

DATE
11/16/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History LV systolic dysfunction. Current presentation: Bungee is presently doing well. Good appetite and energy. Had kennel cough in August/September which has been treated. CV/RESP: NSR, no murmurs noted, PSS, lung fields clear. BP: 220mmHg x 5.
-Current medications: 1) Pimobendan/vetmedin 5mg 1 tab twice a day 2) Taurine 1000mg 1/4 tsp twice a day.
-Pertinent previous echo findings (5/11/21 MML): LA 2.1 cm; LA:Ao 1.0; LV 33 cm; normal LA size; normal LV size with mild systolic dysfunction. * Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate systolic function. LV wall thicknesses are normal.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is normal with no prolapse into the left atrial lumen. Trace central 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 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. 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 140bpm.

2-Dimensional Measurements

Ao diam (cm)	2.0
LA diam (cm)	2.3
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.0
LVID diastole (cm)	3.3
PW thickness (cm)	1.0
LVID systole (cm)	2.2
FS (%)	33

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior exam, there is continued evidence of improvement which is great news going forward. The left heart dimensions are normal, with adequate systolic function. The LA dimension is improved, and MR/TR no longer apparent. No additional issues are noted.

Given these findings, continue Pimobendan and Taurine as previously prescribed. Prognosis remains guarded long-term given the young age of the patient and risk for progression. Patient will always be at risk for progression to CHF, development of arrhythmias and/or sudden death in the future.

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The reported blood pressure is elevated, and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc), as primary disease is relatively uncommon and a rule out diagnosis.

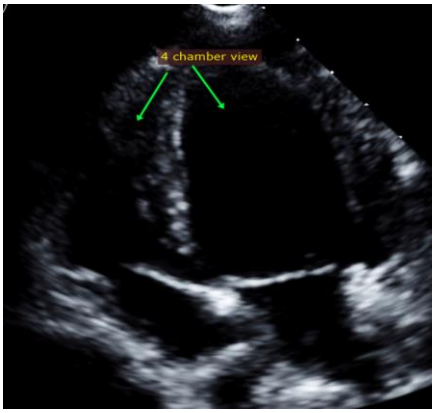
RECOMMENDATIONS

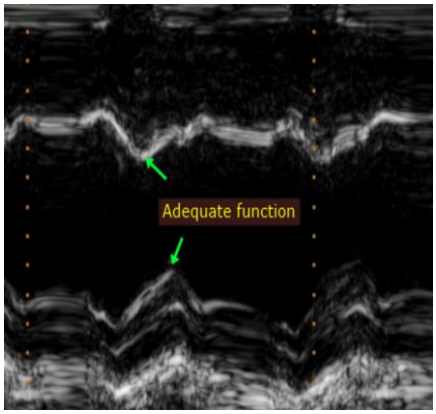
- Continue Pimobendan 0.3mg/kg PO q12h.
- Continue taurine supplement 1000mg PO q12h.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes 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

- A recheck echocardiogram is recommended in 6-12 months to screen for progression, sooner if signs of cardiac compromise develop.

IMAGES



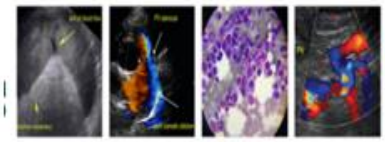


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

Mass Veterinary Services



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