

PATIENT

Dewey Harper

SPECIES

Canine

BREED

Bichon Frise Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

9.13lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History valvular pulmonary stenosis diagnosed in Portugal in 2009. Current presentation: He did have some respiratory issues this summer due to the humidity. Good appetite with no noted C/S/V/D/PU/PD although he does cough after drinking water. His activity remains normal. CV/RESP: NSR, grade IV/VI murmur noted best on right, PSS, lung fields clear. BP: 140mmHg x 3. No medications. *No sedation for study.
-Pertinent previous echo findings (2009): severe PS (Vmax 5.3-6.1 m/s).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with normal myocardial function. LV wall thicknesses are normal. Septal flattening during systole.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace 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.
Right ventricle: Mild right ventricular hypertrophy and remodeling indicative of pressure overload.
Right atrium: Mild RA dilation.
Tricuspid valve: The tricuspid valve appears thickened with marked septal prolapse and moderate tricuspid regurgitation; elevated velocity.
Pulmonic valve/pulmonary artery: Pulmonic outflow velocities are severely elevated at the level of the valve. The valve is significantly abnormal, thickened and tethered consistent with stenosis. Mild pulmonic insufficiency. Significant post stenotic dilation.
Pericardium/other: No pericardial or pleural effusion noted. No shunts seen. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 130bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.6
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.73
LVID diastole (cm)	1.6
PW thickness (cm)	0.73
LVID systole (cm)	0.71
FS (%)	56

Doppler Measurements

PV Vmax (m/s)	5.9
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	4.9
TR Vmax (m/s)	5.3
TR PG (mmHg)	110

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

21824

DATE

11/2/21

INTERPRETATION OF THE FINDINGS

Severe pulmonic stenosis persists, similar to what is reported in the prior study. The degree of obstruction is severe, although interestingly the right heart is only mild to moderately affected despite a lifetime of pressure overload. The tricuspid valve appears abnormal which is more consistent with age related degeneration than a dysplasia, and should be monitored going forward. Finally, a small mitral leak is identified; however, the left heart is overtly normal.

Any severe pulmonic stenosis case warrants referral for consultation for a balloon valvuloplasty. That being said, this patient is geriatric and exhibiting minimal clinical signs and this does not seem necessary at this point. This should certainly be considered if



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right-sided CHF develops in the future and/or the patient becomes syncopal. Additionally, Atenolol is not being utilized which is the standard for severe PS. Along the same vein, if the patient is doing well this is not clearly necessary at this time. The resting heart rate is relatively low as is, which further supports not utilizing the medication at this time.

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Prognosis is typically guarded to poor; however, this senior dog has far exceeded expectation. Patient may be at risk for progression to right-sided CHF, development of arrhythmias, syncope and/or sudden death going forward.

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RECOMMENDATIONS

- No obvious indication for medications at this time.
- Consider referral if indicated as discussed.
- Anesthetic risk is mild to moderate at this time. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless absolutely necessary. Avoid vasodilators such as acepromazine. Mild IV fluid restriction is advised. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 if possible.
- Mild exercise activity restriction is advised.
- Monitor for development of associated clinical signs, collapse, abdominal distention, cough, and/or labored breathing.

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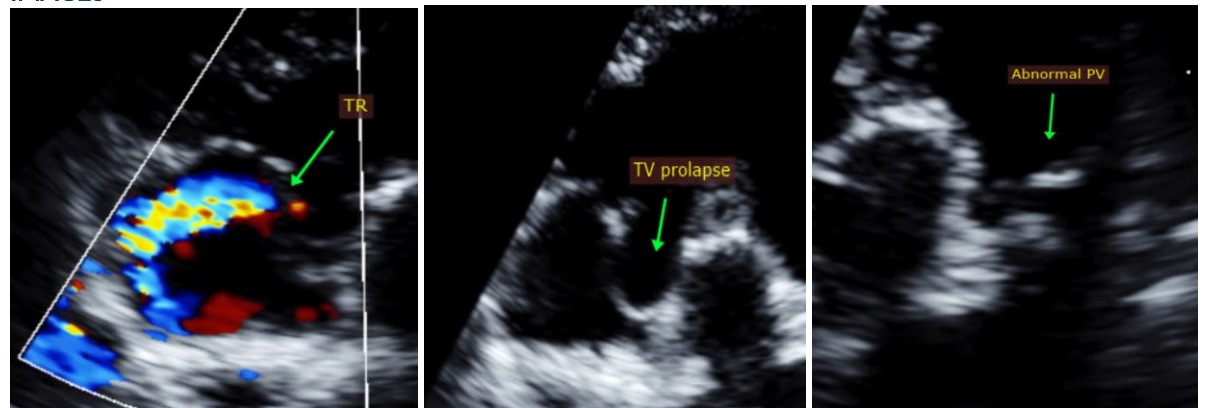
PLAN

- Recommend conservative monitoring with a recheck echocardiogram annually, sooner if any development of clinical signs.

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Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGES



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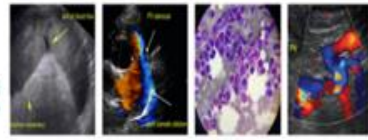
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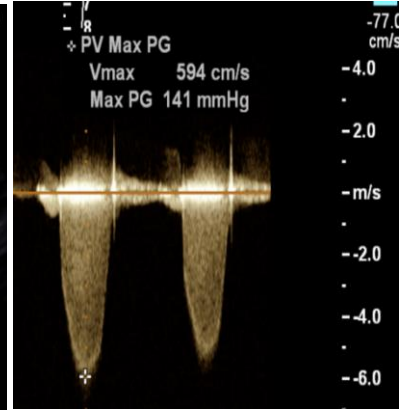
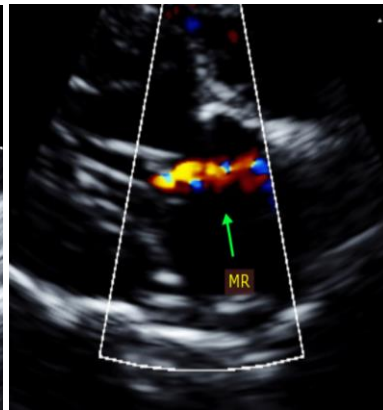
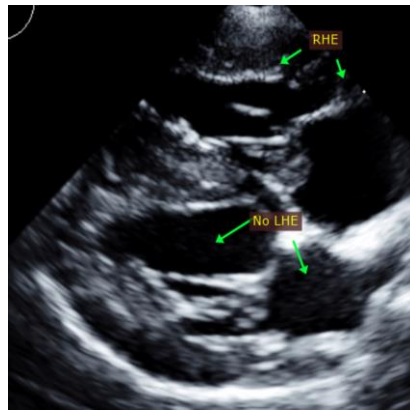
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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