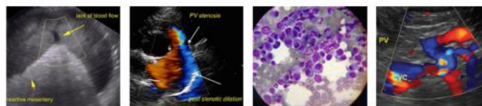


PATIENT
Alivia Pearson

SPECIES
Canine

BREED
Chi-weenie

SEX
Female Spayed

AGE
11.5 years

WEIGHT
14.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Compassion Veterinary Clinic

REFERRING VET
Dr. Patil

INVOICE
27270

DATE
11/3/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Doing well clinically. On Pimobendan 2.5 mg AM, 1.25 mg PM. BP: 205 mmHg (average x3).
-Pertinent previous echo findings (12/14/21) Rebecca Malakoff, DVM, DACVIM - Cardiology): LA: 2.68 cm, LA: Ao 1.90, LV 2.94 cm, moderate LAE, mild LVE, moderate - severe MR, mild TR (2.52 m/s; 25 mmHg).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is borderline increased with adequate function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Mild to moderate eccentric 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 to moderate 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 160bpm.

2-Dimensional Measurements

Measurement	Value
Ao diam (cm)	1.3
LA diam (cm)	2.5
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.7
LVID diastole (cm)	2.7
PW thickness (cm)	0.7
LVID systole (cm)	1.6
FS (%)	41

Doppler Measurements

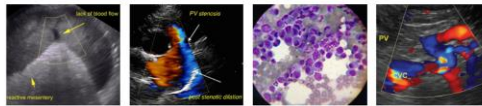
Measurement	Value
PV Vmax (m/s)	0.85
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	5.5
TR Vmax (m/s)	2.8
TR PG (mmHg)	31

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild to moderate mitral and tricuspid regurgitation. Compared to what is available from the prior study, findings are similar to mildly improved. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication; however, risk for progression to spontaneous congestive heart failure in the future may be elevated. Early pulmonary has developed, which is of unknown significance in a dog without respiratory signs. No additional issues are identified.

Given these findings, continue Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.)



PATIENT
Alivia Pearson

SPECIES
Canine

BREED
Chi-weenie

SEX
Female Spayed

AGE
11.5 years

WEIGHT
14.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Compassion Veterinary Clinic

REFERRING VET
Dr. Patil

INVOICE
27270

DATE
11/3/22

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.

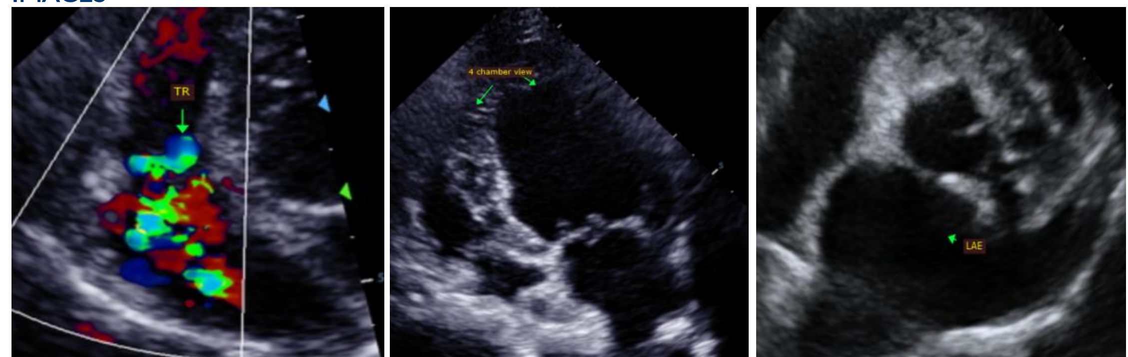
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Reassess BP 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

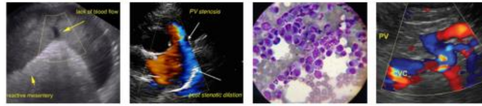


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Alivia Pearson

SPECIES
Canine

BREED
Chi-weenie

SEX
Female Spayed

AGE
11.5 years

WEIGHT
14.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Compassion Veterinary Clinic

REFERRING VET
Dr. Patil

INVOICE
27270

DATE
11/3/22