PAUS
Pet Animal Ultrasound Service
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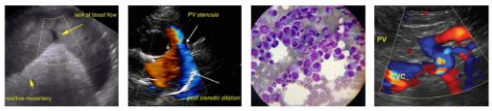

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Wallace Doss

SPECIES
Canine

BREED
Terrier Mix

SEX
Male Neutered

AGE
13 years

WEIGHT
18.7lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wignall Animal Hospital

REFERRING VET
Dr. DeMarco

INVOICE
27260

DATE
11/3/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic degenerative valvular disease - Stage B2. Currently, doing well at home with no clinical issues. Elevated liver enzymes and triglycerides. Current medications: Pimobendan 2.5 mg, 1 T BID. *Having bi-cavity ultrasound exams.
-Pertinent previous echo findings (2/24/22 Maggie Machen Lamy, DVM, DACVIM - Cardiology): LA 2.4 cm; LA:Ao 1.6, LV 3.1 cm, moderate LAE, moderate MR, moderate TR (3.0 m/s; 37 mmHg) early pulmonary hypertension.
-Abnormal PE/Chem/CBC/UA Results: Glob 3.7, ALT 160, AlkP 658, Bun/creat 28, triglycerides 1132.

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. 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 indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: Normal RA dimension.
Tricuspid valve: The tricuspid valve appears mildly thickened with 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.

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	2.3
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.7
LVID diastole (cm)	2.8
PW thickness (cm)	0.7
LVID systole (cm)	1.6
FS (%)	43

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	6.1
TR Vmax (m/s)	3.2
TR PG (mmHg)	42

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with overall stability. Moderate mitral and tricuspid regurgitation are unchanged. The left heart dimensions are improved comparatively, likely due to Pimobendan therapy. Pulmonary hypertension is unchanged, and no additional issues are identified.

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

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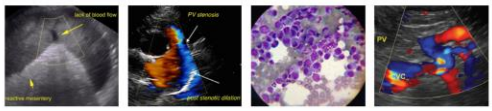

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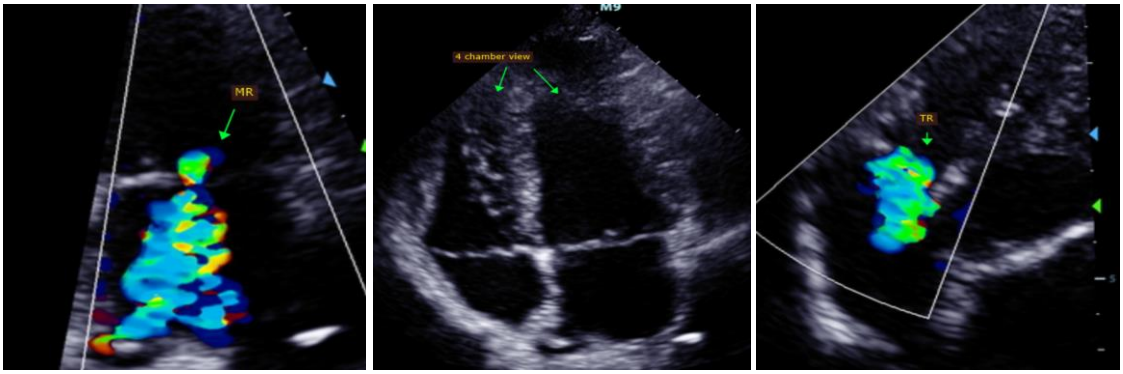
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- 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)
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