



PATIENT

Boom Boom Eno

SPECIES

Canine

BREED

Beagle Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

25.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

27328

DATE

11/8/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Currently, Boom Boom has increased coughing, worse when excited. No collapse episodes or exercise intolerance. Good appetite. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink moist, CRT<2. BP: 180mmHg x 5. Current medications: 1) Pimobendan/ vetmedin 5mg 1/2 tab twice a day *No sedation for study.

-Pertinent previous echo findings (3/16/22 MML): LA 3.1. cm; LA:Ao 1.8; LV 3.5 cm; moderate LAE; mild LVE; moderate MR; trace TR 2.8 m/s; early pulmonary hypertension

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly 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 mild 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.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Mildly elevated 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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.9
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.7
LVID diastole (cm)	3.3
PW thickness (cm)	0.7
LVID systole (cm)	1.4
FS (%)	58

Doppler Measurements

PV Vmax (m/s)	0.77
AoV Vmax (m/s)	2.9
MR Vmax (m/s)	6.6
TR Vmax (m/s)	2.9
TR PG (mmHg)	34

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with overall stability. Moderate mitral and mild tricuspid regurgitation are largely unchanged with stable to slightly improved left heart dimensions. Mild pulmonary hypertension is similar to previous, which should be continued to be monitored. This is likely secondary to a reported cough. No additional issues are identified.

Given these findings, continue Pimobendan as prescribed. No additional medications are indicated. An increased cough is likely due to primary respiratory disease in this predisposed breed. Continue baseline CXR, Hydrocodone, etc. depending on the severity of the symptom.



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Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

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RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Consider CXR, Hydrocodone, etc. 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.

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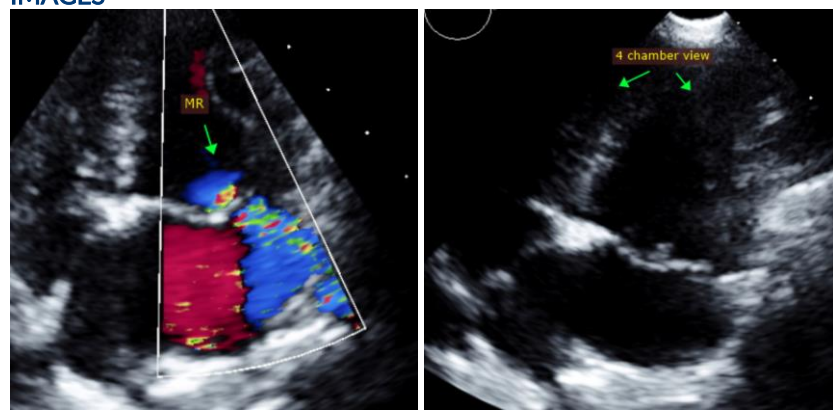
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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IMAGES

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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.

REFERRING VET
Dr. Masloski

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.

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DATE
11/8/22

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