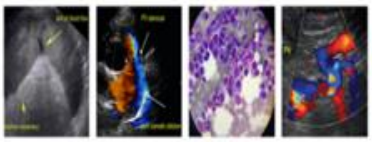
Mass Veterinary Services



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

PATIENT
Sadie Senecal

SPECIES
Canine

BREED
Shih Tzu

SEX
Female Spayed

AGE
11 years

WEIGHT
11.63lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
27992

DATE
12/14/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Presently, Sadie is doing well with no issues although she continues to cough when excited. She has also started snoring. Eating well with a normal activity level. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist. BP: 160mmHg x 2. Current medications: 1) Apoquel 5.4mg 1/2 tab daily *Sedated with Propofol for study.
-Pertinent previous echo findings (6/21/22 MML): LA 2.0 cm; LA:Ao 1.55; LV 2.5 cm; mild LAE; mild-moderate MR; mild-moderate TR (2.2 m/s; 18 mmHg).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: There is no left ventricular dilation. Left ventricular systolic function is adequate.
Left atrium: There is mild left atrial dilation. Suspicion for a dilated coronary sinus and persistent left cranial vena cava on 2D imaging.
Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. There is mild to moderate mitral regurgitation present The MR velocity is normal.
Aortic valve/Aorta: There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility.
Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: Normal RA dimension.
Tricuspid valve: Mild thickening of the tricuspid valve with mild to moderate TR. Normal velocity.
Pulmonic valve/Pulmonary artery: The main pulmonary artery is normal in diameter. The pulmonic valve is normal in appearance. Trace 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	1.9
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.6
LVID diastole (cm)	2.2
PW thickness (cm)	0.6
LVID systole (cm)	1.3
FS (%)	41

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	0.7
MR Vmax (m/s)	4.9
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve persists with overall stability. MR and TR are unchanged without progressive left or right heart enlargement. The PLCC is noted, which is a congenital benign abnormality. No additional issues are identified.

Given these findings, no medications remain indicated. Continued assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

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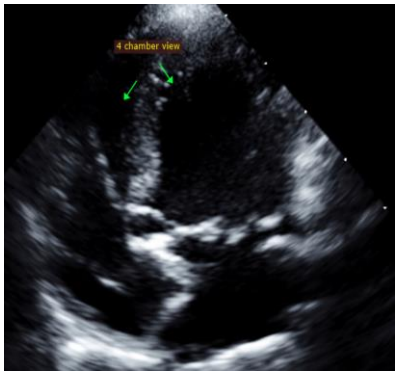
RECOMMENDATIONS

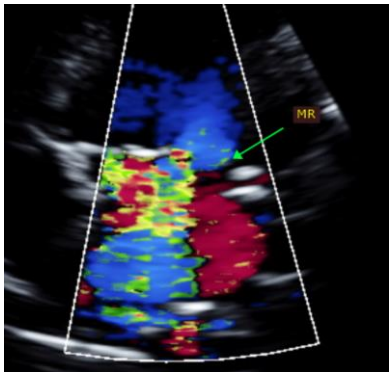
- No cardiac medications are clearly indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane 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.

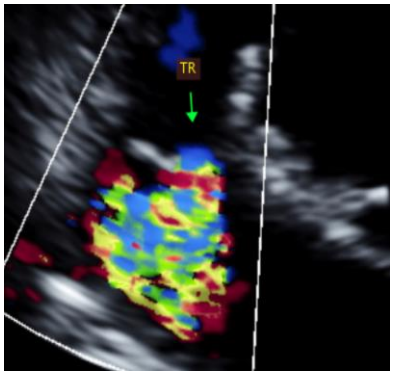
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 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

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