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Pet Animal Ultrasound Service
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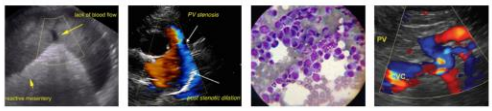


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Angel Kwong

SPECIES
Canine

BREED
Poodle

SEX
Female Spayed

AGE
13 years

WEIGHT
21lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Pine Banks Animal Hospital

REFERRING VET
Dr. Syed

INVOICE
27798

DATE
12/3/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Increased coughing and respiratory effort - Started Lasix 50mg, 1/2-tab BID, also taking Pimobendan 5mg, 1/2-tab BID. Diagnosed with systemic hypertension in November - started Amlodipine 2.5mg 1 tab SID. Elevated BUN (93) and Creatinine (2.9). BP: 165mmHg *Sedated with Gaba/Traz*.
-Pertinent previous echo findings (9/17/22 MML): LA 2.3 cm, LA:Ao 1.64, LV 3.0 cm, moderate LAE, moderate MR, mild TR (2.5 m/s).

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 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 indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: Normal RA dimension.
Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Normal 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 100bpm.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	2.9
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.8
LVID diastole (cm)	3.0
PW thickness (cm)	0.9
LVID systole (cm)	0.8
FS (%)	70

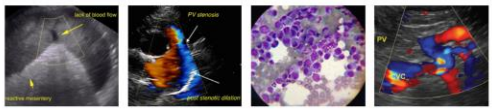
Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	4.9
TR Vmax (m/s)	2.4
TR PG (mmHg)	23

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists causing moderate mitral and mild tricuspid regurgitation. Compared to the prior study, findings are similar with a slight increase in LA dimension. No concurrent issues have developed, such as pulmonary hypertension .

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



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A historical cough/respiratory event may or may not been cardiogenic in origin. Primary airway disease must also be considered in this predisposed breed. The history suggests congestive heart failure was suspected; however, this is considered unlikely without progression seen here. Consider reassessment of the prior radiographs versus a Radiologist review. If CHF is ruled out, no indication for continued Lasix therapy. If CHF is highly suspected (i.e., the patient responded significantly to Lasix), this should be continued with Spironolactone and an ACE-I onboard as well.

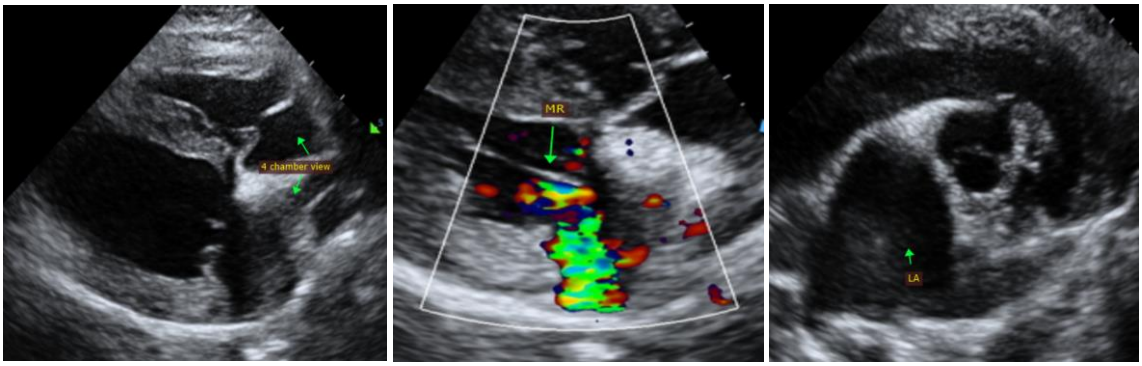
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Reevaluate CXR/history to determine if continued Lasix is necessary.
- If Lasix ix continued, Institute ACE-I 0.5mg/kg PO q12h and Spironolactone 1-2mg/kg PO q12h.
- Consider Hydrocodone.
- 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



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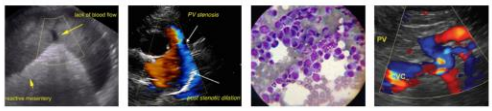

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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