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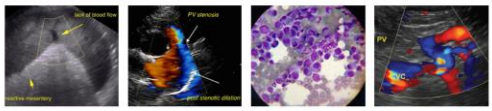

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Barney Barbrycki

SPECIES
Canine

BREED
Mix

SEX
Male Neutered

AGE
10 years

WEIGHT
17lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
East Boston Animal Medical Center

REFERRING VET
Dr. Chopra

INVOICE
29089

DATE
2/17/23

PRESENTING CLINICAL SIGNS

History: February 16, 2023: Collapsed at home. Grade IV/VI systolic murmur. Started Vetmedin 2.5mg 1 tablet every 12 hours. Furosemide oral solution 0.7ml every 12 hours.
-Abnormal PE/Chem/CBC/UA Results: Triglycerides 396, Cholesterol 327.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV, 3 minutes duration. The average heart rate is 140bpm (range 100-150bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. Isolated APCs throughout; singles only. No ventricular premature beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with isolated APCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is borderline with adequate myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is thickened with a ruptured chordae tendineae visualized (see below). Severe 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. Trace aortic insufficiency.
Right ventricle: Normal right ventricular.
Right atrium: Normal RA.
Tricuspid valve: The tricuspid valve is normal with mild tricuspid regurgitation. Normal velocity.
Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. Mild pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
2D, m-mode, color flow and Doppler imaging is available.

2-Dimensional Measurements

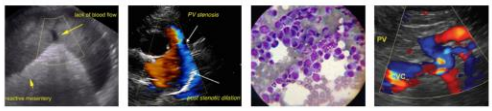
Ao diam (cm)	1.5
LA diam (cm)	2.6
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.8
LVID diastole (cm)	3.3
PW thickness (cm)	0.8
LVID systole (cm)	1.3
FS (%)	62

Doppler Measurements

PV Vmax (m/s)	0.51
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.3
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. While moderate left atrial enlargement typically indicates a low risk for imminent complication, the finding of a ruptured chord certainly increases this risk and likely explains a collapse episode. No additional issues such as systolic dysfunction are noted in this study.



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Given these findings and the reported collapse episode, full cardiac support is recommended as below, even without respiratory signs. Prognosis is guarded long-term with most CHF cases succumbing within 8-12 months. That being said, if the patient is able to be stabilized there is some potential for an improved outcome given a lack of significant chamber enlargement. Follow up will help dictate long term picture.

The ECG does show isolated APCs. These are likely secondary to atrial dilation and stress in this particular patient. No treatment is advised for what is seen here; however, monitoring for sustained arrythmias is recommended.

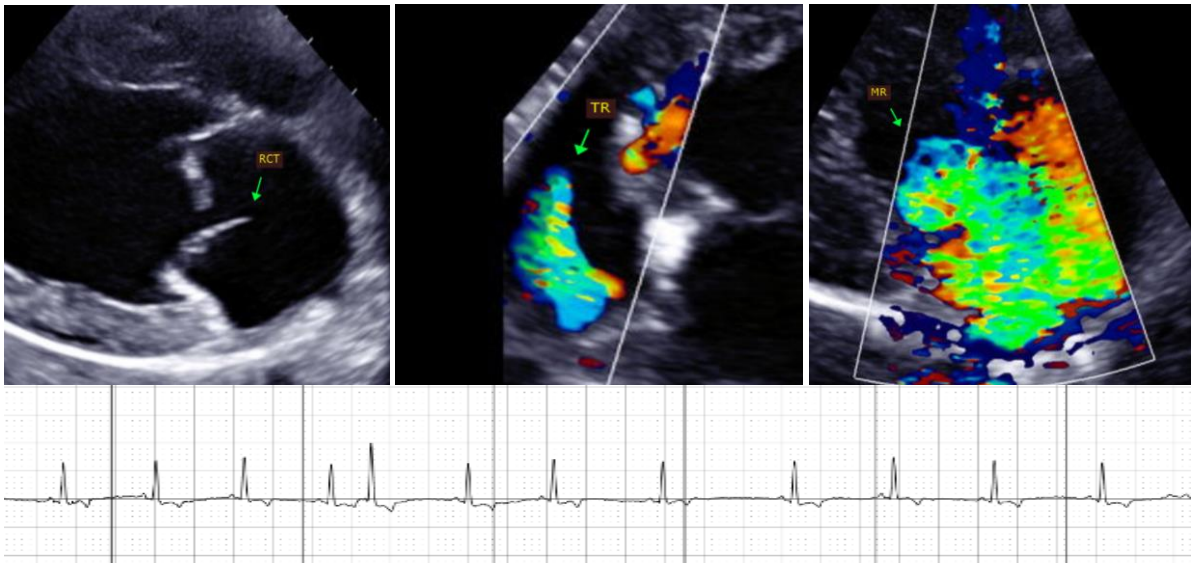
RECOMMENDATIONS

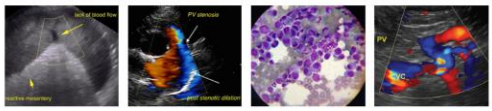
- Continue Pimobendan 0.25-0.3mg/kg PO q12h.
- Continue Lasix 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Institute ACE-I 0.5mg/kg PO q12h (pending BP >130mmHg).
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised at this time.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitor sleeping breathing rates at home as the best way to monitor for recurrent issues.

PLAN

- Monitor renal panel and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES





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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)