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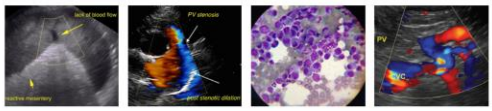

SonoPath
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PATIENT
Daisie Cardente

SPECIES
Canine

BREED
Beagle Mix

SEX
Female Spayed

AGE
13 years

WEIGHT
20lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wood River Animal Hospital

REFERRING VET
Dr. Schuelke

INVOICE
29078

DATE
2/17/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease, severe. Presented on 2/2/2023 for collapsing episode. Blood pressure on that day was 160mmHg (with sedation). Radiographs revealed pulmonary edema and cardiomegaly. Switched from Furosemide and Spironolactone to just Torsemide. Added in Amlodipine for blood pressure and advised recheck. Echocardiogram since had a syncopal episode which was what she initially presented for back in October 2022. Current meds: 1) Torsemide 5mg 1/4 tab PO. 2) Hycodan 5mg- 1/2 tab PO q6 hours. 3) Pimobendan 2.5mg PO q12 hours. 4) Enalapril 5mg - 1 tab PO Q24 hours. 5) Amlodipine 2.5mg - 1/2-tab q24 hours.
-Pertinent previous echo findings (10/7/22 MML): LA 3.7 cm, LA: A0 2.8, LV 3.8 cm, marked LVE/LAE, moderate pulmonary hypertension (3.8 m/s, 58mmHg).
-Abnormal PE/Chem/CBC/UA Results: ALT 129, ALP 350.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: Significant LV dilation with hyperdynamic myocardial function. Decreased LV wall thickness.
Left atrium: The left atrium is markedly dilated.
Mitral valve: Marked diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Ruptured chordae tendineae suspected. Marked eccentric mitral regurgitation. Normal velocity.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mild aortic insufficiency.
Right ventricle: Mild RV dilation.
Right atrium: Mild right atrial dilation.
Tricuspid valve: The tricuspid valve appears thickened and prolapsing, with moderate tricuspid regurgitation. Elevated velocity consistent with moderate pulmonary hypertension.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.
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

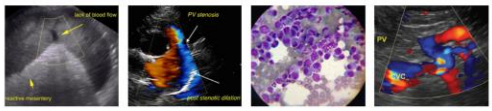
Ao diam (cm)	1.5
LA diam (cm)	3.7
LA:Ao (Swe)	2.5
IVS thickness (cm)	0.8
LVID diastole (cm)	4.0
PW thickness (cm)	0.7
LVID systole (cm)	1.4
FS (%)	64

Doppler Measurements

PV Vmax (m/s)	0.97
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	5.3
TR Vmax (m/s)	3.8
TR PG (mmHg)	58

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is evidence of mild progression. The left heart dimensions are similar; however, the MR is considered marked. Additionally, a ruptured chord is visualized, which is likely the reason for the recent collapse episode and



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decompensation. Pulmonary pressures are unchanged and the aortic insufficiency remains mild. No additional issues are identified.

Given these findings, it is reasonable to continue medications as prescribed. We must be careful utilizing Torsemide, as this can cause significant azotemia. Serial monitoring of renal values is recommended. Additionally, Amlodipine was added; however, a follow-up blood pressure is not listed. Close monitoring of systemic pressures is recommended. No obvious indication for additional medications, assuming the patient is doing well at this time.

Prognosis is poor long-term and this is considered end-stage with refractory disease. Quality of life is at the upmost importance in these cases and euthanasia should be considered should this begin to suffer.

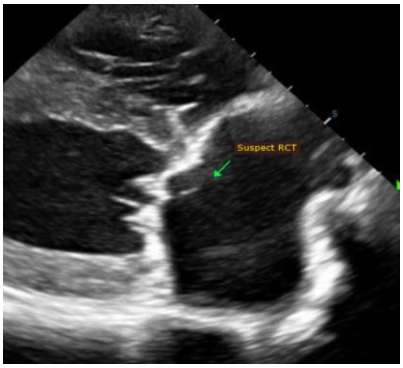
RECOMMENDATIONS

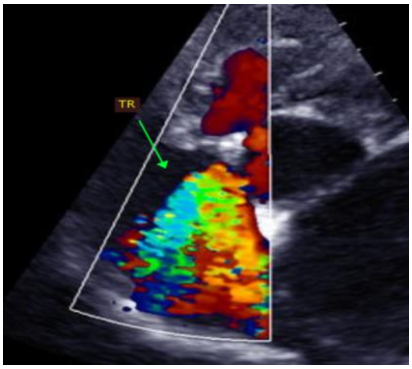
- Continue Torsemide, Hydrocodone, Pimobendan, Enalapril and Amlodipine as prescribed.
- Monitor renal values and BP every 3-4 months lifelong.
- Reassess BP as discussed.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

PLAN

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

IMAGES





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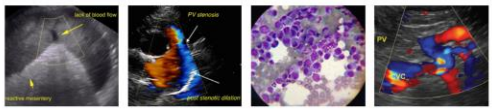

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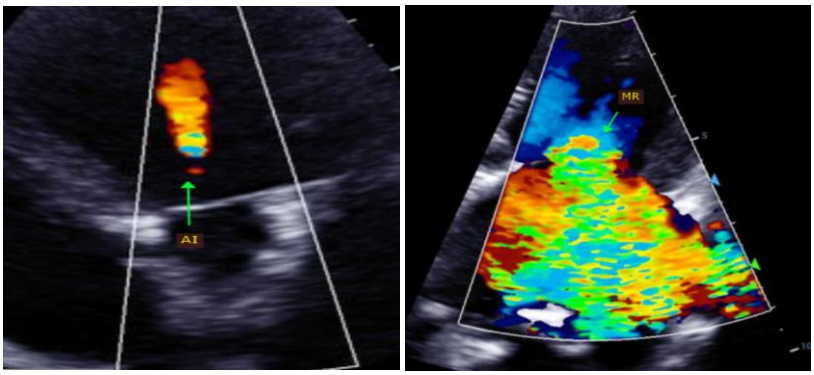

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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