



PATIENT

Bucca Gauthier

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

6 years

WEIGHT

26.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

29129

DATE

2/21/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. History treated heartworm disease. Presently, Bucca is doing fairly well with infrequent coughing. She is eating well. No exercise intolerance. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 140 mmHg x 5. Current medications: 1) Pimobendan/vetmedin 7.5mg 1/3 tab twice a day 2) Diphenoxylate with atropine 2.5mg ---- did not start *No sedation for study.
-Pertinent previous echo findings (7/27/22 MML): LA 3.2 cm; LA:Ao 1.8; LV 3.0 cm; moderate LAE; mild LVE; no TR; markedly dilated PA, no worms visualized.

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. The average heart rate is 120bpm (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 VPCs are identified; singles only. Two in a 2-minute tracing. No atrial premature contractions, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with isolated VPCs.

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 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: Mild RV enlargement.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow. The MPA and branches are markedly dilated. No obvious adult heartworms are visualized.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	3.3
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.9
LVID diastole (cm)	3.3
PW thickness (cm)	0.8
LVID systole (cm)	1.3
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	6.1
TR Vmax (m/s)	2.9
TR PG (mmHg)	34



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INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings appear similar. Moderate LA enlargement is unchanged, suggesting relatively low risk for imminent complication. The MPA remains dilated and pulmonary pressures are able to be measured. Interestingly, the degree of pulmonary hypertension is mild despite these findings. No additional issues are identified.

Given these findings, continue Pimobendan as prescribed with continued cough suppression as needed. No obvious indication for Sildenafil in a patient without exertional syncope.

The ECG does show rare single VPCs. These were not noted previously and may suggest a new development. What is seen here, is relatively infrequent and benign; however, consider screening for any contributing issues, such as systemic illness. My assumption is these are due to cardiac disease and stress and simple monitoring is advised.

Prognosis remains guarded long-term. Ensuring the heartworm status is negative and remains so going forward is clearly of great importance as well.

RECOMMENDATIONS

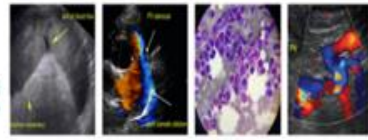
- Continue Pimobendan 0.3mg/kg PO q12h.
- Monitor for signs progressive PAH (exertional dyspnea/collapse).
- If a cough or respiratory signs develop in future, these should be treated aggressively using Hydrocodone, anti-inflammatory Prednisone, etc. as indicated.
- Omega fatty acid supplementation and 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 months, sooner if any development of clinical signs.



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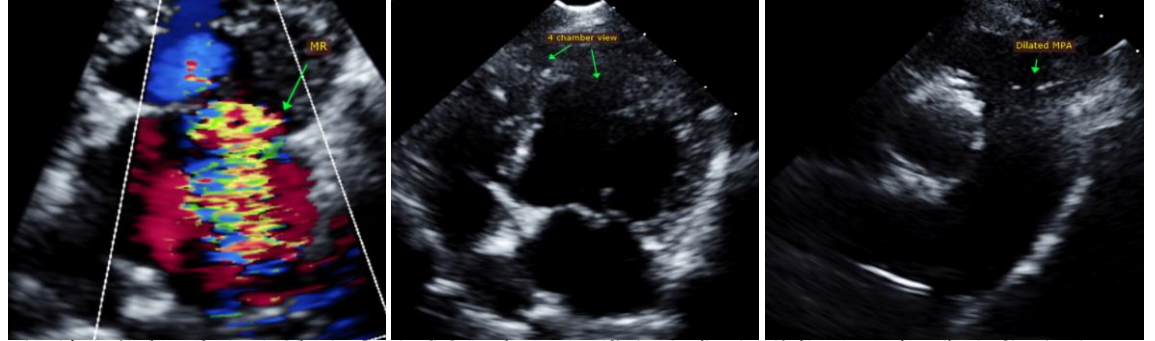
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IMAGES



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
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IMAGING PERFORMED BY

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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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