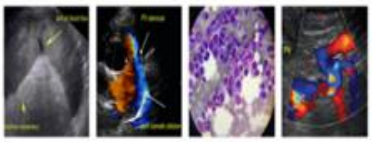
Mass Veterinary Services



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

PATIENT
Ollie Sokolowski

SPECIES
Canine

BREED
Maltese

SEX
Male Neutered

AGE
8 years

WEIGHT
7.2lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
22782

DATE
2/23/22

PRESENTING CLINICAL SIGNS

History: Ollie recently presented to his primary for vomiting and diarrhea. He was noted to be in heart failure and was started on pimobendan, enalapril and Lasix. Radiographs revealed cardiomegaly, patchy alveolar pattern, scant pleural effusion and enlarged lobar veins. Ollie is doing better on medications. He is eating very well with a good activity level. On auscultation: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 180mmHg x 5.
-Current medications: 1) Pimobendan/vetmedin 5mg 1/4 tab twice a day 2) Enalapril 2.5mg 1 tab twice a day 3) Lasix/furosemide 12.5mg 1 tab twice a day *No sedation for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: There is mild LV dilation with hyperdynamic function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately enlarged.
Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate mitral regurgitation. Normal velocity.
Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trivial 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. Velocity consistent with early pulmonary hypertension.
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.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	2.0
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.46
LVID diastole (cm)	2.5
PW thickness (cm)	0.46
LVID systole (cm)	0.9
FS (%)	64

Doppler Measurements

PV Vmax (m/s)	0.67
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.5
TR Vmax (m/s)	2.8
TR PG (mmHg)	32

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and mild tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. Mild pulmonary hypertension is noted and should be monitored going forward. No additional issues such as systolic dysfunction are appreciated. Assessment of progression in the future will help predict long term prognosis, which is guarded at this stage (B2).

While it is uncommon for moderate valve disease to lead to CHF, if pulmonary edema was seen on films and the patient responded to diuretic therapy, this would support the diagnosis. Lifelong medication should be continued as suggested below in this instance.

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That being said, if there is any question on the diagnosis, I would consider submitting the films for Radiologist review in light of the echo findings. It is unusual as well, that the patient did not present for respiratory signs. Further making the diagnosis of question. Further evaluation may be indicated.
If confirmed, the average survival of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of renal values is recommended lifelong.

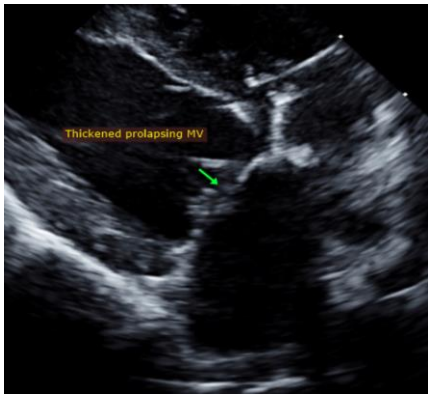
RECOMMENDATIONS

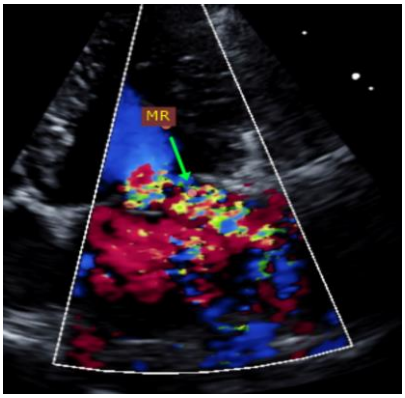
- Consider prior diagnosis as discussed.
- If CHF is suspected, continue Lasix 1-2mg/kg PO q12h.
- If CHF is not confirmed or suspected, consider discontinue Lasix therapy.
- Utilize Hydrocodone if needed for quality of life.
- Regardless of clinical signs, continue Pimobendan 0.25-0.3mg/kg PO q12h and ACE-I 0.5mg/kg PO q12h.

PLAN

- Monitor renal values and BP every 3-4 months.
- Recommend conservative monitoring with a recheck echocardiogram in 6 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