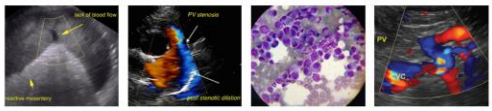
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Percy Doiron

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Male Neutered

AGE
11 years

WEIGHT
5.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Falmouth Animal Hospital

REFERRING VET
Dr. Hauser

INVOICE
22381

DATE
2/7/22

PRESENTING CLINICAL SIGNS

History: Grade IV/VI systolic murmur; no clinical signs. Severe dental disease - request anesthesia recommendations prior to dental procedure scheduled tomorrow morning.
-Sedation: Torb/midaz, alfaxan/gas anesthesia added with poor response.

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 (not captured on LA/AO), with a horizontal component.
Mitral valve: The mitral valve is thickened with no 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. The distal MPA appears mildly dilated past the level of the valve.
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)	1.0
LA diam (cm)	1.5
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.55
LVID diastole (cm)	2.3
PW thickness (cm)	0.55
LVID systole (cm)	1.46
FS (%)	37

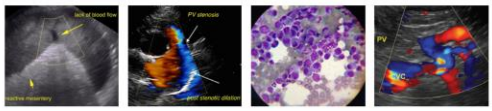
Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	NM
MR Vmax (m/s)	5.2
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

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. The MPA is dilated past the level of the valve without an obvious cause. Simple follow up is advised in the absence of obvious PAH or associated clinical signs. No additional issues are identified.

Given LA dilation, Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



PATIENT

Percy Doiron

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male Neutered

AGE

11 years

WEIGHT

5.5lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Falmouth Animal Hospital

REFERRING VET

Dr. Hauser

INVOICE

22381

DATE

2/7/22

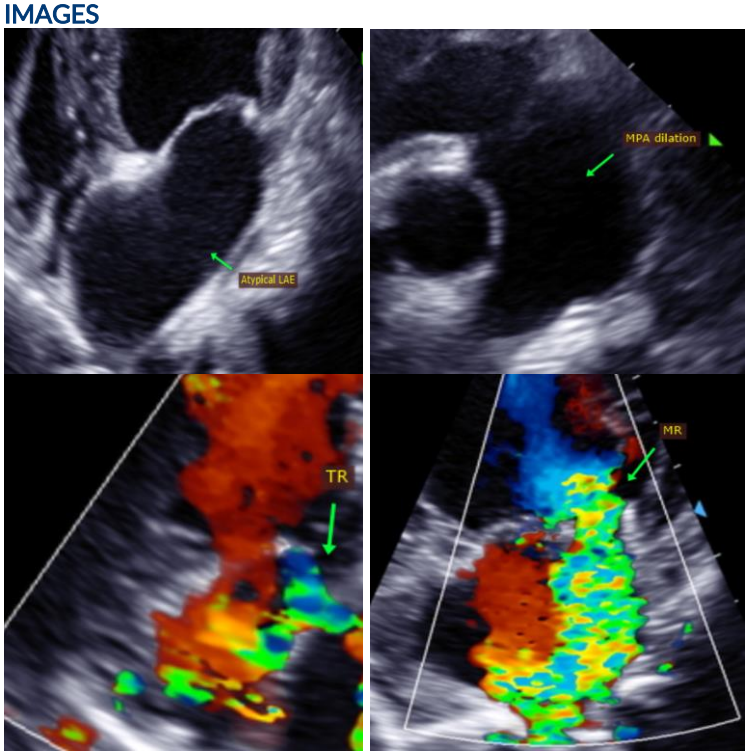
RECOMMENDATIONS

- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- Baseline BP is recommended.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- While ideally Pimobendan would be administered at least 3 days prior to the procedure, given a lack of clinical signs it is reasonable to proceed. Administer a dose this evening as well as the morning of the procedure. Anesthetic risk is considered mild. 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.

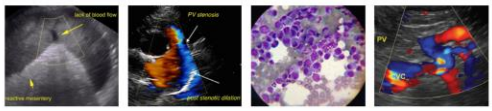
PLAN

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

IMAGES



PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Percy Doiron

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Male Neutered

AGE
11 years

WEIGHT
5.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Falmouth Animal Hospital

REFERRING VET
Dr. Hauser

INVOICE
22381

DATE
2/7/22

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