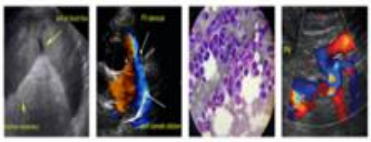
Mass Veterinary Services



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

PATIENT
Dorothy Kocot

SPECIES
Canine

BREED
Terrier Mix

SEX
Female Spayed

AGE
4 years

WEIGHT
11.45lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
22464

DATE
2/9/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage late B2. Current presentation: Occasional cough. Somewhat decreased appetite in that she will no longer eat breakfast but does eat dinner and snacks. Her activity level remains normal. On auscultation: NSR, grade IV/VI murmur with PMI left apical area radiating to right with grade II/VI murmur noted on right, PSS ,lung fields clear. BP: 140mmHg x 5.
-Current medications: 1) Pimobendan/vetmedin 0.9375mg 1 capsule twice a day 2) Enalapril 2.5mg 1 tab twice a day 3) Spironolactone 25mg 1/4 tab twice a day 4) Hydrocodone with homatropine/hycodan 5mg 1/4 tab daily *No sedation for study.
-Pertinent previous echo findings (4/20/21 MML): LA 2.7 cm; LA:Ao 2.3; LV 3.4 cm; severe LAE; severe MR; mild TR (2.9 m/s), early pHTN.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with hyperdynamic function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderate to severely dilated.
Mitral valve: The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.
Aortic valve/Aorta: The aortic valve appears thickened with borderline increased 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; 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.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	2.4
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.6
LVID diastole (cm)	3.1
PW thickness (cm)	0.6
LVID systole (cm)	1.5
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.9
TR Vmax (m/s)	2.8
TR PG (mmHg)	31

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of relative stability. While severe mitral and mild tricuspid regurgitation are unchanged the left heart dimensions appear to have stabilized on medications. Mild pulmonary hypertension is unchanged, and no additional issues are identified.

Given these findings, no change to the medications is indicated. Even with stability the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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Continued assessment of progression in the future will help predict long term outcome, however prognosis remains guarded at this stage (late B2).

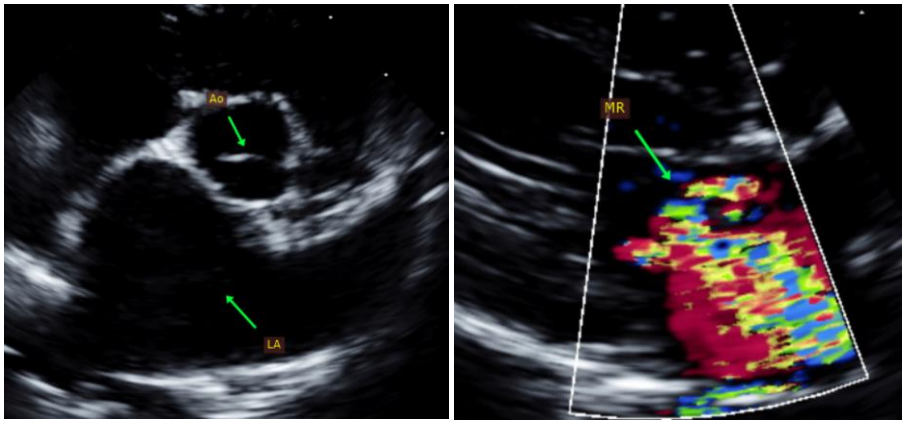
RECOMMENDATIONS

- Continue Pimobendan, ACE-I and Spironolactone as prescribed.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised.

PLAN

- A renal panel is recommended every 3-4 months lifelong.
- 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)