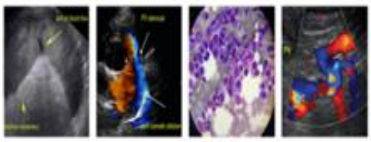
Mass Veterinary Services



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

PATIENT
Little Bit Clark

SPECIES
Canine

BREED
Chihuahua

SEX
Female Spayed

AGE
11 years

WEIGHT
8.56lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
22468

DATE
2/9/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. History 2nd degree AV block. Current presentation: Little Bit has been coughing occasionally but generally only after drinking. She is eating well with some weight loss . Her activity level remains static. She is presently on benazepril and amlodipine for hypertension. NSR grade IV/VI murmur with PMI left apical area radiating to right PSS lung fields clear 1) Amlodipine 1.25mg 1/2 tab twice a day 2) Benazepril 5mg 1 tab twice a day *No sedation for study.
-Pertinent previous echo findings (5/4/21 MML): LA 2.0 cm; LA;Ao1.3, LV 2.1 cm; mild LAE; mild MR; trivial TR (2.6 m/s).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is mildly dilated.
Mitral valve: The mitral valve is thickened with minimal prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with an elevated 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 normal with trivial 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.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 170bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	1.8
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.56
LVID diastole (cm)	2.0
PW thickness (cm)	0.56
LVID systole (cm)	0.9
FS (%)	55

Doppler Measurements

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.7
TR PG (mmHg)	29

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists unchanged. Persistently mild mitral and trivial tricuspid regurgitation without evidence of progression. No additional issues are identified.

A brief ECG recording did not show any persistent AV block, which is good.

Continued assessment of progression in the future will help predict long term prognosis, which remains highly variable at this stage (B1).

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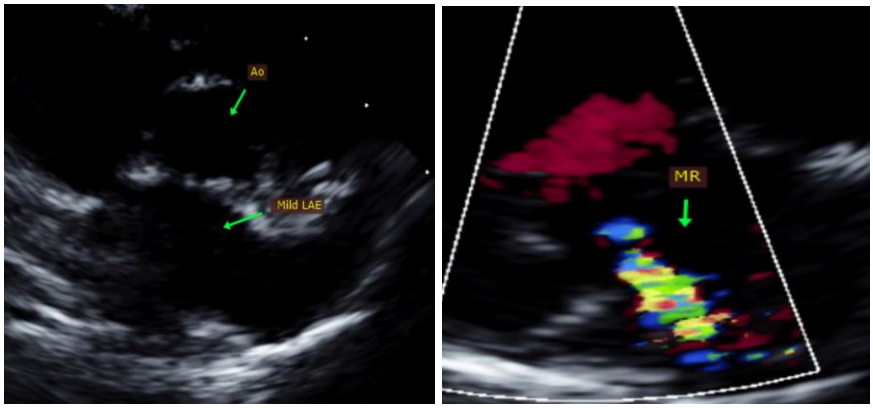
RECOMMENDATIONS

- Given these findings, no cardiac medications are clearly 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 1 year, 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)