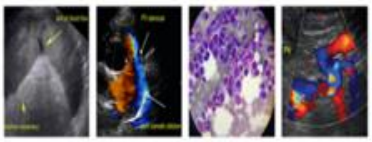
Mass Veterinary Services



SonoPath Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Noodle Ngo

SPECIES
Canine

BREED
Labrador Retriver Mix

SEX
Male Neutered

AGE
9 years

WEIGHT
58.1lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
22870

DATE
3/1/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History DCM, atrial fibrillation, CHF. Current presentation: His resting respiratory rate at home has been 25 to 30 but can go up to 75-80. He started coughing last night. On auscultation: irregularly regular rhythm consistent with atrial fibrillation , grade III/VI murmur noted with PMI apical area, PSS, lung fields slightly harsh on inspiration. BP: 220-230 mmHg. Plan: 1) echocardiogram 2) EKG 3) CXR---> cardiomegaly; dorsal deviation of trachea; diffuse broncho-alveolar pattern throughout chest; mild pleural fissure lines 4) increase Lasix 50mg to 1.5 tabs twice a day 5) recheck CXR and kidney values in one week.
Current prescribed medications: 1) Pimobendan/vetmedin 5mg 1.5 tabs twice a day 2) Lasix/furosemide 50mg 1 tab daily 3) Diltiazem 30mg 2 tabs three times a day 4) Spironolactone 25mg 1 tab twice a day 5) Digoxin 0.125mg 1 tab twice a day 6) Taurine 1000mg twice a day 7) Enalapril 10mg 1 1/4 tabs twice a day 8) Snip tips daily *No sedation for study.
-Pertinent previous echo findings (9/28/21 MML): LA 3.8 cm; LA:Ao 1.7; LV 5.9 cm; moderate LAE; moderate MR; severe LVE with marked systolic dysfunction. Rapid AF on ECG.

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, 20mm/mV. Atrial fibrillation with heart rate oscillating from 83-250bpm.
ECG diagnosis: Atrial fibrillation with dramatic rate variation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with decreased systolic dysfunction. LV wall thicknesses are decreased with increased sphericity.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild central mitral regurgitation.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: Mildly dilated right ventricle.
Right atrium: Mild RA dilation.
Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.
Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: Scant pericardial effusion. Scant pleural effusion. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	2.4
LA diam (cm)	3.8
LA:Ao (Swe)	1.6
IVS thickness (cm)	1.2
LVID diastole (cm)	4.8
PW thickness (cm)	1.2
LVID systole (cm)	4.0
FS (%)	16

Doppler Measurements

PV Vmax (m/s)	0.73
AoV Vmax (m/s)	1.9
MR Vmax (m/s)	NM
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

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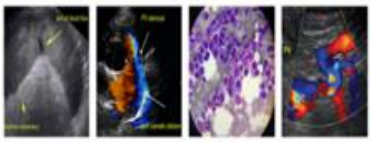

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INTERPRETATION OF THE FINDINGS

DCM persists without significant progression in structural abnormalities. While significant, the LV dilation and dysfunction have improved comparatively. This is likely due to use of medications and adequate rate control. That being said, there is recurrent CHF with evidence of effusions. No additional issues are identified.

The ECG shows atrial fibrillation as is expected. The heart rate is highly variable, ranging from bradycardia to significant tachycardia. Overall, the average heart rate is reasonable however, and no ventricular arrythmias are appreciated.

Given recurrent effusion, recommend adjust Lasix dose as below. Diltiazem should be administered as was previously recommended, in addition to Spironolactone, Digoxin, Taurine and Enalapril.

Monitoring of sleeping respiratory rates will be paramount to screen for recurrent congestive heart failure at home in the future.

Prognosis remains poor long-term; however, it is encouraging that the patient has done well until now. Patient will always be at risk for congestive heart failure, malignant arrhythmias (AF, VT), collapse and/or sudden death in the future.

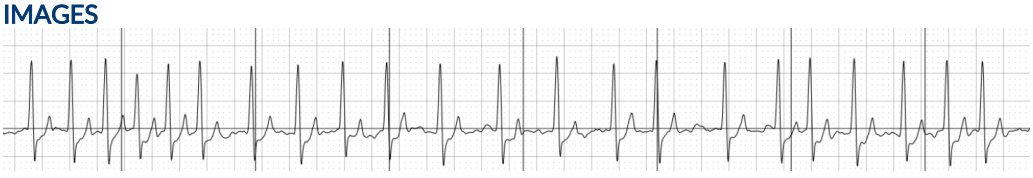
RECOMMENDATIONS

- Increase Lasix to 50mg PO q12h.
- Continue Enalapril, Digoxin, Diltiazem, Spironolactone and Pimobendan as previously recommended.
- Consider hydrocodone if needed for quality of life.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF going forward.
- Lifelong activity restriction is advised.

PLAN

- Monitor renal values and BP in 10-14 days, then every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram and ECG in 6 months, sooner if any development of clinical signs.

IMAGES



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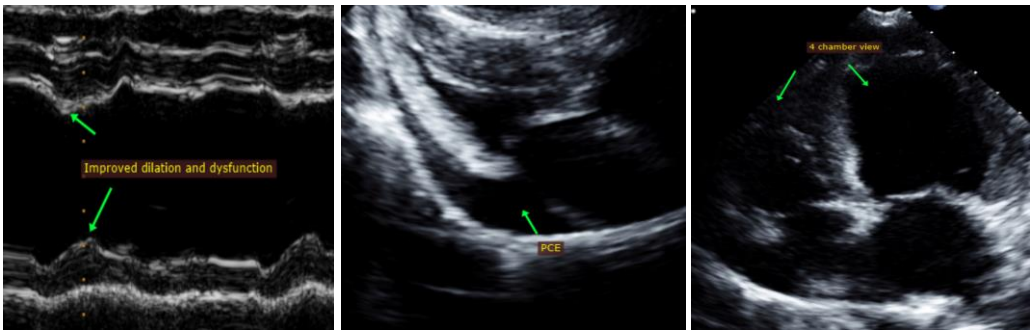

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)