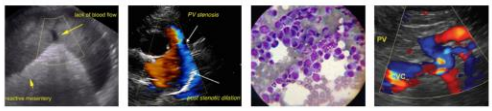
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Chip Taylor

SPECIES
Canine

BREED
Labrador Retriever

SEX
Male Intact

AGE
5 months

WEIGHT
50lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Foster Veterinary Clinic

REFERRING VET
Dr. Hattan

INVOICE
29689

DATE
3/20/23

PRESENTING CLINICAL SIGNS

History: Grade III/VI holosystolic, blowing heart murmur, pre surgical (neuter). *Sedated with Gabapentin/Trazadone/Butorphanol for ultrasound.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate (low normal) myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is normal. No 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: Moderate RV dilation without significant hypertrophy.
Right atrium: Moderate RA dilation.
Tricuspid valve: The tricuspid valve appears thickened, with a short tethered septal leaflet. No obvious stenosis. Severe tricuspid regurgitation; borderline velocity.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace 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)	2.4
LA diam (cm)	2.4
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.7
LVID diastole (cm)	3.5
PW thickness (cm)	0.7
LVID systole (cm)	2.0
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	0.95
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.8
TR PG (mmHg)	32

INTERPRETATION OF THE FINDINGS

The cause of the murmur is tricuspid valve dysplasia with severe tricuspid regurgitation. Moderate right heart enlargement indicates the current risk for complication is elevated going forward. The left heart appears normal and systolic function is intact. No additional issues are identified.

Given these findings, cardiac supportive medications could be considered due to risk for complication. This includes Pimobendan and an ACE-I, pending BP assessment. It is important to note that use of medications in asymptomatic TVD patients is purely theoretical, with unknown long-term efficacy.

Prognosis is guarded long-term with risk for development of CHF in the next 1-2 years.

Patient will always be at risk for right-sided CHF, development of malignant arrythmias, and/or sudden death going forward.

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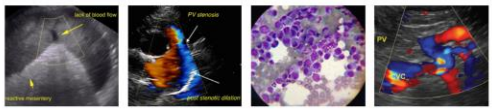

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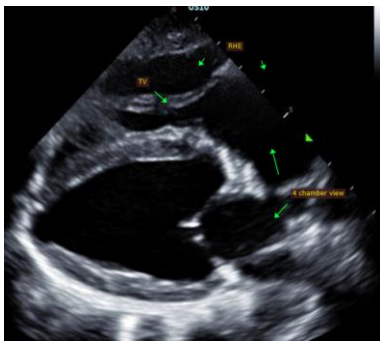
RECOMMENDATIONS

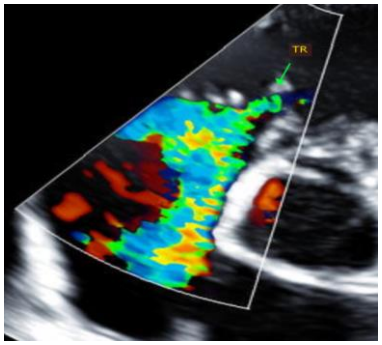
- Consider institute Pimobendan 0.3mg/kg PO q12h.
- Pending BP >130mmHg, institute ACE-I 0.5mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Lifelong activity restriction is recommended.
- Anesthetic risk is considered moderately elevated 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.

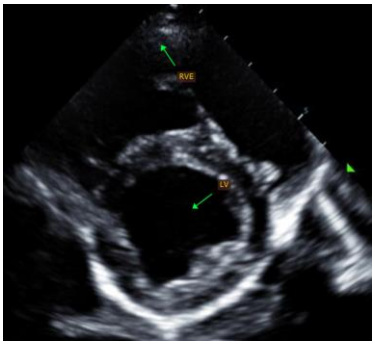
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 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)