



PATIENT

Bella Goodrow

SPECIES

Canine

BREED

Miniature Poodle

SEX

Female Spayed

AGE

14 years

WEIGHT

15.6lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

29766

DATE

3/22/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, Bella has been coughing more the past month. Her resting respiratory rates, however, remain normal. She is continuing to eat well with normal activity level. On exam: NSR, grade III/VI murmur with PMI left apical area radiating to the right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 180 mmHg. Current medications: 1) Metronidazole 250mg 1/4 tab twice a day 2) Verti mega probiotic daily 3) Pimobendan/vetmedin 7.5mg 1/3 tab twice a day 4) Wellactin daily 5) Hydrocodone with homatropine/hycodan 5/1.5mg 1/2 tab three times a day 6) Proviabale daily.*Sedated with propofol for study. -Pertinent previous echo findings (9/6/22 MML): LA 2.8 cm; LA:Ao 1.6, LV 3.4 cm; moderate LAE, mild LVE, moderate MR, mild-moderate AI, mild TR (3.1 m/s; 39 mmHg), early pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available. **Left ventricle:** The LV diameter is minimally increased with hyperdynamic function. LV wall thicknesses are normal. **Left atrium:** The left atrium is moderately dilated. **Mitral valve:** The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with a normal velocity. **Aortic valve/Aorta:** The aortic valve is mildly thickened. Normal aortic outflow velocity; laminar flow. Mild to moderate aortic insufficiency. **Right ventricle:** Normal right ventricular diameter and morphology. **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. **Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses. **Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.6
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.8
LVID diastole (cm)	2.9
PW thickness (cm)	0.8
LVID systole (cm)	1.6
FS (%)	45

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.2
TR Vmax (m/s)	2.6
TR PG (mmHg)	28

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with overall stability. There is actually improvement in left heart dimensions and no pulmonary hypertension is appreciated. No additional pathology is seen.

Given these findings, the cough is unlikely to be cardiogenic in origin. Consider repeat CXR +/- more aggressive Hydrocodone as indicated.

The blood pressure is elevated although the patients aortic insufficiency does appear stable. Consider monitoring versus treatment depending on overall persistence.



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Continuing Pimobendan is recommended as prescribed. Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

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RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Consider CXR, increased Hydrocodone, etc.
- Assess BP in 3 months to determine persistence.
- 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.

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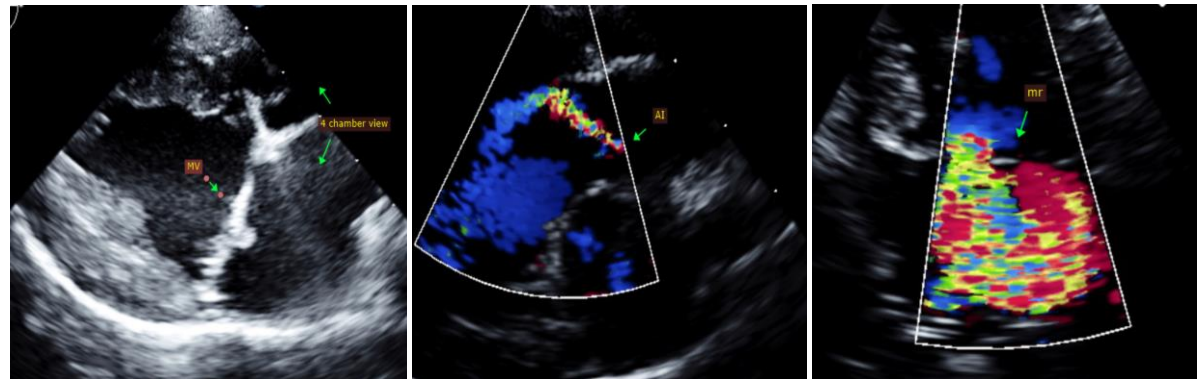
PLAN

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

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DACVIM (Cardiology)

IMAGES



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Dr. Masloski

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.

INVOICE

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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)