



PATIENT

Mookie Stein

SPECIES

Canine

BREED

American Staffordshire Terrier

SEX

Male Intact

AGE

6 years

WEIGHT

51lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

29909

DATE

3/29/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of pulmonary hypertension secondary to previous heartworm infestation. Mookie is presently doing well at home, active and with a good appetite. On exam: NSR, no murmurs noted PSS lung fields harsh on inspiration L>R, mm pink, moist, CRT<2. BP: 120mmHg x 5. Current medications: 1) Pimobendan/vetmedin 5mg 1 tab twice a day 2) Lasix/furosemide 20mg ---DISCONTINUED 3) Sildenafil 20mg 2 tabs three times a day *No sedation for study.
-Pertinent previous echo findings (10/26/22 MML): LA 2.5 cm; LA:Ao 1.1; LV 4.0 cm; mild RVE; mild RVH; moderate MPA and branch dilation.

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 normal.
Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. 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: Mild right ventricular enlargement with mild hypertrophy.
Right atrium: Mild RA enlargement.
Tricuspid valve: The tricuspid valve appears mildly thickened with no tricuspid regurgitation.
Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Mild pulmonic insufficiency. Normal RVOT velocity; laminar flow. Moderate MPA and branch dilation. No obvious worms seen in bifurcation or peripheral branches.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 130bpm.

2-Dimensional Measurements

| | |
|--------------------|-----|
| Ao diam (cm) | 2.3 |
| LA diam (cm) | 2.5 |
| LA:Ao (Swe) | 1.1 |
| IVS thickness (cm) | 0.8 |
| LVID diastole (cm) | 4.4 |
| PW thickness (cm) | 0.8 |
| LVID systole (cm) | 2.5 |
| FS (%) | 43 |

Doppler Measurements

| | |
|----------------|-----|
| PV Vmax (m/s) | 1.2 |
| AoV Vmax (m/s) | 1.7 |
| MR Vmax (m/s) | NA |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |

INTERPRETATION OF THE FINDINGS

PAH persists with findings similar to the prior study. The lack of TR makes an exact gradient difficult to determine; however, mild right heart and significant MPA dilation are similar to previously. The left heart is normal and no additional issues identified.

Given these findings, continue medications as previously recommended. No indication for additional medications at this time. If respiratory signs develop in the future, primary respiratory therapy should be instituted.



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Prognosis remains guarded; however, an asymptomatic patient with no evidence of progression is certainly a good sign. Patient will always be at risk for exertional dyspnea or collapse and/or right-sided CHF.

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Canine

RECOMMENDATIONS

- Continue Pimobendan and Sildenafil as previously prescribed.
- Consider further respiratory treatment as warranted in the future.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia. Pre-oxygenate for five minutes and recover in O₂ if possible. Mild IV fluid restriction is advised.
- Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

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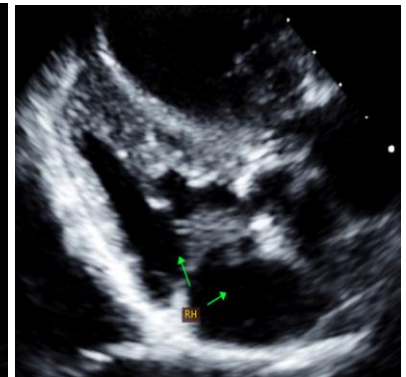
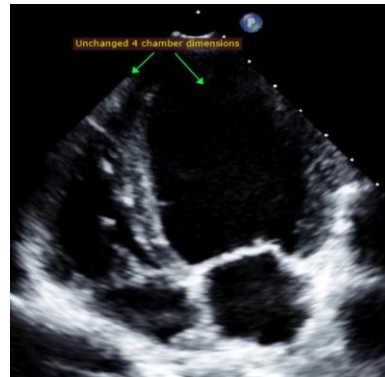
PLAN

- Recommend conservative monitoring with a recheck echocardiogram 1 year, sooner if any associated clinical signs arise.

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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.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary
Services

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.

REFERRING VET
Dr. Masloski

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Echocardiogram performed by:

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

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