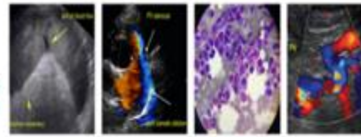
Mass Veterinary Services



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

PATIENT
Diesel Hartnett

SPECIES
Canine

BREED
Minature Schnauzer

SEX
Male Neutered

AGE
12 years

WEIGHT
17.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
23350

DATE
3/30/22

PRESENTING CLINICAL SIGNS

History: Diesel is referred for a heart murmur noted in March 2020. Radiographs done in November of last year revealed cardiomegaly. rDVM started Enalapril and Pimobendan at that time. He has some episodes of stumbling and falling. Good appetite with slightly decreased activity level over the past year. On auscultation: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 150mmHg x 3. Medications: 1) Pimobendan/vetmedin 2mg 1 tab twice a day 2) Enalapril 2.5mg 1 tab daily *Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with adequate function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with a normal 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 mildly thickened with trace tricuspid regurgitation.
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 13bpm.

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	2.3
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.8
LVID diastole (cm)	3.0
PW thickness (cm)	0.8
LVID systole (cm)	1.0
FS (%)	66

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.3
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and trace tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. No additional issues are identified.

Given these findings, continue Pimobendan is recommended as below. Enalapril is of unknown benefit prior to severe disease and/or CHF and can be safely discontinued. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

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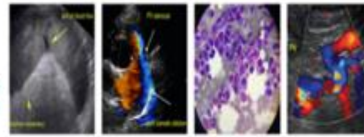

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No correlation to stumbling is suspected. This is outside of standard syncope which should be monitored for at home.

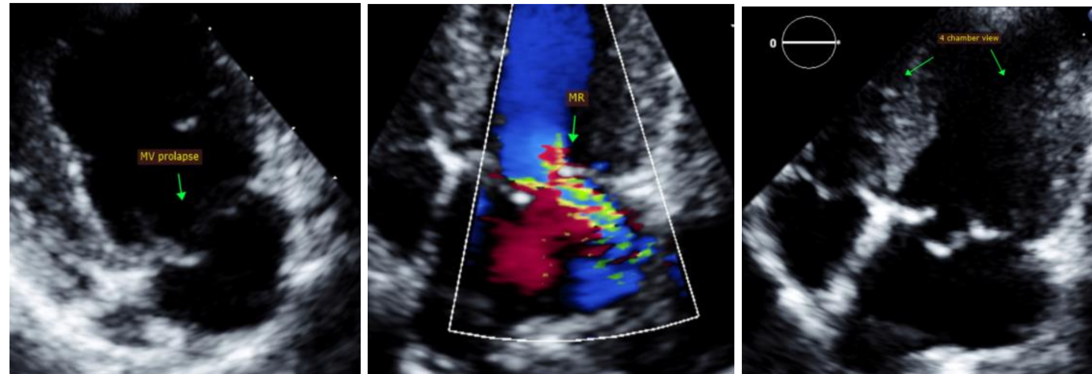
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Discontinue Enalapril as discussed.
- 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 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)