



PATIENT

Hudson Bruce

SPECIES

Canine

BREED

Jack Russell Terrier
Mix

SEX

Male Neutered

AGE

13 years

WEIGHT

33.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

23351

DATE

3/30/22

PRESENTING CLINICAL SIGNS

History: Hudson referred for a heart murmur noted in May 2019. He was seen at rDVM for coughing; radiographs revealed heart enlargement. Started on pimobendan. He is eating well but his activity has become a bit less over time. On auscultation: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 210mmHg x 5. Medications: Pimobendan/vetmedin 2.5mg 1 tab twice a day *Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is decreased with adequate myocardial function. LV wall thicknesses are significantly increased.

Left atrium: The left atrium is normal to small.

Mitral valve: The mitral valve is diffusely thickened with no prolapse into the left atrial lumen. Trace 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: 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 septal prolapse and 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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.9
LA diam (cm)	1.9
LA:Ao (Swe)	1.0
IVS thickness (cm)	1.2
LVID diastole (cm)	2.1
PW thickness (cm)	1.2
LVID systole (cm)	1.0
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NM
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing trace mitral and mild tricuspid regurgitation is identified. Lack of significant left or right atrial enlargement indicates the current risk for complication is low. The quantity of TR is greater than MR; however, no obvious pulmonary hypertension is noted. Finally, significant LV hypertrophy is identified, which warrants further evaluation. No additional issues are noted in this study.



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Systemic hypertension is mentioned in the history which is likely the cause of LVH. Baseline lab work is strongly recommended, to rule out volume depletion as a contributing issue. Based upon these findings in addition to the reported blood pressure, recommend institute Amlodipine to effect. Target BP <160mmHg. Screening for underlying causes of high blood pressure is highly recommended (renal disease, adrenal tumor, etc.). Screening for proteinuria is recommended as an ACEI may also be needed.

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No cardiac medications are indicated and Pimobendan can be safely discontinued. The cough is noncardiac in origin and primary respiratory disease is considered more likely in this predisposed breed. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

SEX

Male Neutered

- RECOMMENDATIONS**
- Discontinue Pimobendan.
 - Baseline lab work is recommended.
 - Institute Amlodipine to effect as discussed and reassess BP in 1-2 weeks; target <160mmHg.
 - Screen for underlying causes for SHT, including proteinuria.
 - 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

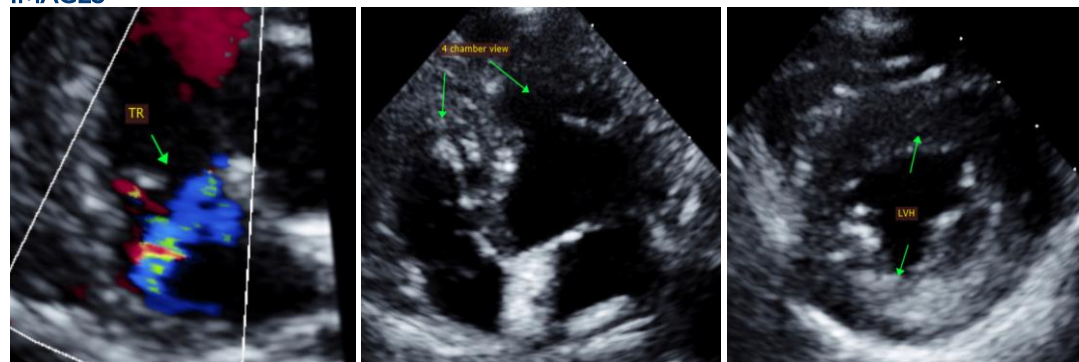
- Recheck BP in 1-2 weeks.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGING

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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.

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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.

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Jack Russell Terrier
Mix

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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