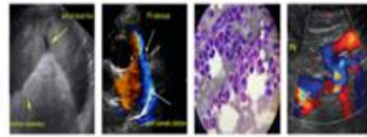
Mass Veterinary Services



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Lola Wilson

SPECIES
Canine

BREED
Shih Tzu

SEX
Female Spayed

AGE
11 years

WEIGHT
13.56lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
23370

DATE
3/31/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mild-moderate pulmonary hypertension. Current presentation: Lola had another syncopal episode earlier this month. Good appetite and normal activity. On auscultation: NSR, grade I-II/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 210-220 mmHg. No medications. *No sedation for study.
-Pertinent previous echo findings (9/14/21 MML): LA 1.8 cm; LA:Ao 1.4; LV 1.5 cm; mild TR (3.5 m/s; 52 mmHg).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly decreased with adequate myocardial function. LV wall thicknesses are borderline.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is normal with no prolapse into the left atrial lumen. Trivial MR.
Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: Normal RV.
Right atrium: Normal RA dimension.
Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation; velocity consistent with mild pulmonary hypertension.
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 220bpm.

2-Dimensional Measurements

Measurement	Value
Ao diam (cm)	1.4
LA diam (cm)	1.6
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.74
LVID diastole (cm)	1.9
PW thickness (cm)	0.74
LVID systole (cm)	1.0
FS (%)	47

Doppler Measurements

Measurement	Value
PV Vmax (m/s)	0.85
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	
TR Vmax (m/s)	3.4
TR PG (mmHg)	46

INTERPRETATION OF THE FINDINGS

Unchanged mild pulmonary hypertension is identified in this study. The overall cardiac dimensions and function are unremarkable. The LV remains mild volume underloaded; however, assuming lab work was normal this is likely a normal variant. That being said, the blood pressure is remarkably elevated on exam (previously normal). If this is thought to be a true pathologic finding, this could certainly be related to both syncope and LV appearance. Treatment is advised once reassessed for persistence.

Potential blood pressure issues aside, there remains no obvious cardiac reason for syncope in this patient. Continued monitoring is advised.

Prognosis is guarded long-term as the patient is asymptomatic aside from infrequent episodes.

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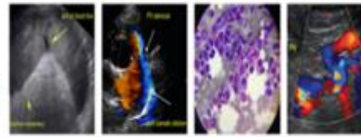

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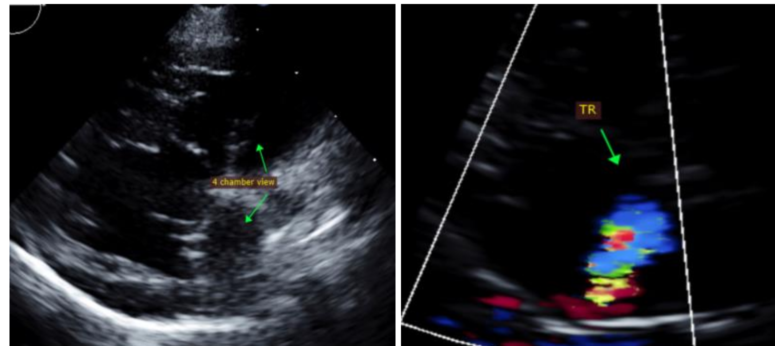
RECOMMENDATIONS

- Reassess BP as discussed and treat if indicated.
- If episodes persist, further evaluation is advised.
- Monitor for any development of respiratory signs.
- 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.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 12 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)