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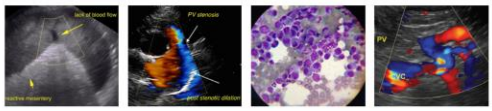


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Snickers Zarlengo

SPECIES
Canine

BREED
Cockapoo

SEX
Male Neutered

AGE
14 years

WEIGHT
13.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wood River Animal Hospital

REFERRING VET
Dr. Schuelke

INVOICE
29563

DATE
3/31/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease- Stage B2. Snickers is doing well clinically. Needs anesthesia for mass removal. Current medications: 1) Metacam 1.5mg/ml- 0.1mg/kg daily, 2) Pimobendan 1.25mg q12 hours, 3) Spironolactone 12.5mg q12 hours, 4) Enalapril 2.5mg q12 hours, 5) Gabapentin 50 mg q12 hours.
-Pertinent previous echo findings (12/23/22 Scott Forney, DVM, DACVIM-C): LA 3.66 cm, LA:Ao 2.95, LV 3.04. Severe LAE, moderate LVE, severe MR with ruptured chordae, mild TR (3.29 m/s; 43 mmHg), mild pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is increased with hyperdynamic function. LV wall thicknesses are normal. A small perimembranous VSD is identified with aneurysmal closure. No flow seen across the defect.
Left atrium: The left atrium is severely dilated.
Mitral valve: The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.
Aortic valve/Aorta: The aortic valve appears thickened with borderline increased outflow velocity; laminar flow. No 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. Velocity consistent with early pulmonary hypertension.
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 100bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	3.2
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.7
LVID diastole (cm)	2.8
PW thickness (cm)	0.7
LVID systole (cm)	1.5
FS (%)	47

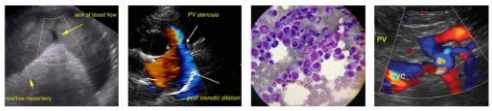
Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.2
TR Vmax (m/s)	2.8
TR PG (mmHg)	32

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with severe mitral and mild tricuspid regurgitation. Compared to what is available from the prior study, findings appear similar. The left heart dimensions are stable and pulmonary hypertension remains mild. Of little clinical significance, a small VSD is identified with no flow across the defect. This is a congenital condition that fortunately closed. No additional issues are documented.

Given these findings, continue 3 medications as prescribed. No obvious indication for Lasix prior to onset of CHF and/or development of clinical signs. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (late B2). Unfortunately, the patient will always be at risk for



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recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

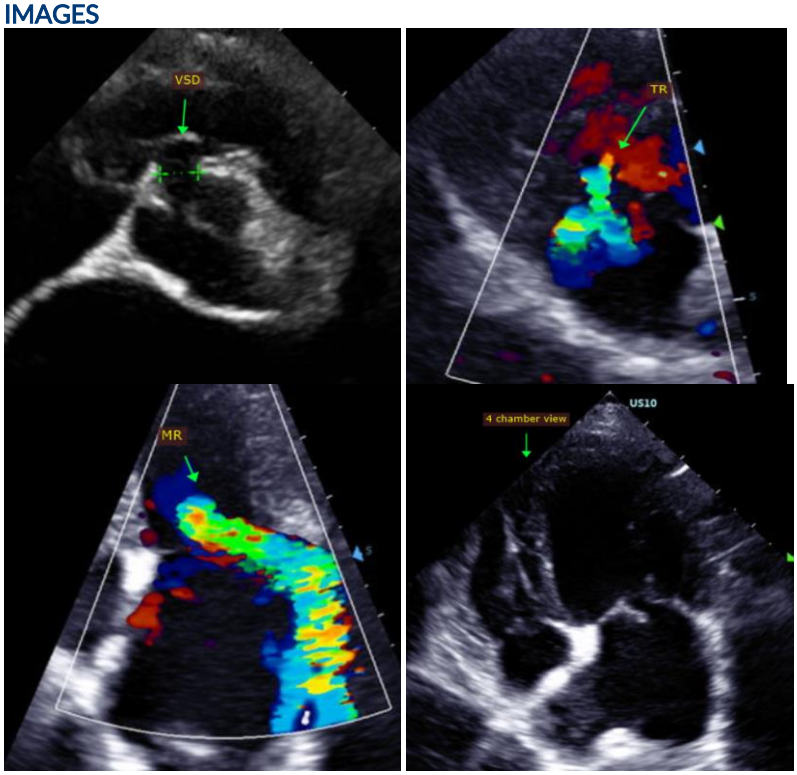
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Continue ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.
- Continue Spironolactone 1-2mg/kg PO q12h.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised, as there is high risk for complication. If necessary, cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso or sevoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 cage. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Moderate IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

- A renal panel is recommended every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES



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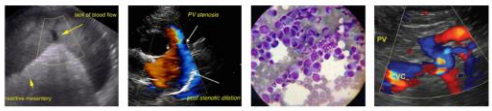

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)