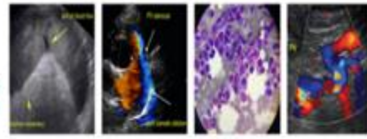
Mass Veterinary Services



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

PATIENT
Zoey Heck

SPECIES
Canine

BREED
Miniature Poodle

SEX
Female Spayed

AGE
13 years

WEIGHT
7.44lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
29460

DATE
6/8/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, Zoey is doing well with good appetite and normal activity level. On exam: NSR, grade III/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 130-140mmHg. Current medications: 1) Pimobendan/vetmedin 1.25mg 3/4 tab twice a day 2) Cerenia 1/2 dose twice a day (does better with dose split) 3) Amlodipine 2.5mg 1/4 tab daily
*No sedation for study.
-Pertinent previous echo findings (11/9/22 MML): LA 1.9 cm; LA:Ao 1.9; LV 2.2 cm, moderate LAE, moderate MR, mild TR (3 m/s; 36 mmHg), early pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is borderline increased with hyperdynamic function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is diffusely thickened with 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. Trace aortic insufficiency.
Right ventricle: Normal right ventricular diameter and morphology.
Right atrium: Normal RA dimension.
Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and mild tricuspid regurgitation. Velocity consistent with mild 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 190bpm.

2-Dimensional Measurements

Measurement	Value
Ao diam (cm)	1.1
LA diam (cm)	1.9
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.5
LVID diastole (cm)	1.9
PW thickness (cm)	0.6
LVID systole (cm)	0.8
FS (%)	58

Doppler Measurements

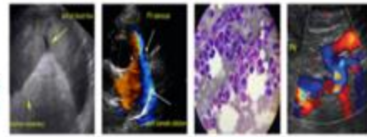
Measurement	Value
PV Vmax (m/s)	1.4
AoV Vmax (m/s)	2.0
MR Vmax (m/s)	6.2
TR Vmax (m/s)	3.3
TR PG (mmHg)	45

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with overall stability. Moderate mitral and mild tricuspid regurgitation are unchanged. The left dimensions are consistent with the previous exam and mild pulmonary hypertension stable.

Given these findings, no additional medications are indicated. Continue Pimobendan lifelong. The blood pressure appears well controlled on the current dose of Amlodipine. Assessment of progression in the future will help predict long term outcome, however prognosis remains guarded at this stage (B2).

Mass Veterinary Services



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

PATIENT
Zoey Heck

SPECIES
Canine

BREED
Miniature Poodle

SEX
Female Spayed

AGE
13 years

WEIGHT
7.44lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
29460

DATE
6/8/23

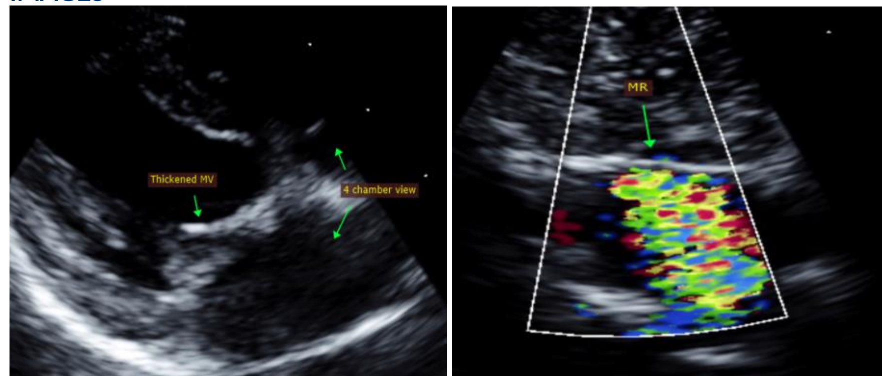
RECOMMENDATIONS

- Continue Pimobendan and Amlodipine as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Monitor for signs of progressive PAH, including exertional dyspnea/collapse. An increase in coughing at any time should be assessed via CXR to determine respiratory v cardiac origin.
- 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)