



PATIENT PRESENTING CLINICAL SIGNS

Bodhi Sirulnik

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Bodhi had a grand mal seizure approximately one month ago lasting ~ 20 seconds; it took a week for him to be back to normal. Bodhi is presently doing well with a good appetite and activity level. On auscultation: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 120mmHg x 5.

SPECIES

Canine

-Current medications: 1) Pimobendan 3.75mg 1/3 tab twice a day 2) Enalapril 5mg 1.5 tabs twice a day 3) Diphenoxylate with atropine 2.5mg 1 tab in the morning 4) Amlodipine 2.5mg 1/2 tab daily 5) Snip tips *No sedation for study.

BREED

CKCS

-Pertinent previous echo findings (6/2020 MML): LA 2.3 cm; LA:Ao 1.2; LV: 3.76, TR: 2.8.

ECHOCARDIOGRAM FINDINGS

SEX

Male Neutered

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

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

Left atrium: The left atrium is mild to moderately dilated.

AGE

13 years

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with an elevated velocity.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mild aortic insufficiency.

WEIGHT

23.4lbs

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. Mild to moderate tricuspid regurgitation; borderline velocity consistent with early pulmonary hypertension.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

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 130bpm.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	2.8
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.8
LVID diastole (cm)	3.6
PW thickness (cm)	0.9
LVID systole (cm)	1.7
FS (%)	53

Doppler Measurements

PV Vmax (m/s)	0.78
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	6.5
TR Vmax (m/s)	2.9
TR PG (mmHg)	34

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with relative stability. The LV is unchanged; however, the LA is slightly increased in size comparatively and mild pulmonary hypertension is noted. No additional issues are identified.

INVOICE

23007

Even with mild progression in left atrial dimension, the risk for complication remains low and no additional medications are warranted. Mild AI is unchanged, and the reported BP is normal indicating good control of blood pressure.

DATE

3/9/22



PATIENT
Bodhi Sirulnik

Mild left atrial enlargement indicates low risk for complication at this time. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B2).

SPECIES
Canine

RECOMMENDATIONS

- Continue Pimobendan/ACEI as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

BREED
CKCS

- 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.

SEX
Male Neutered

- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

AGE
13 years

PLAN

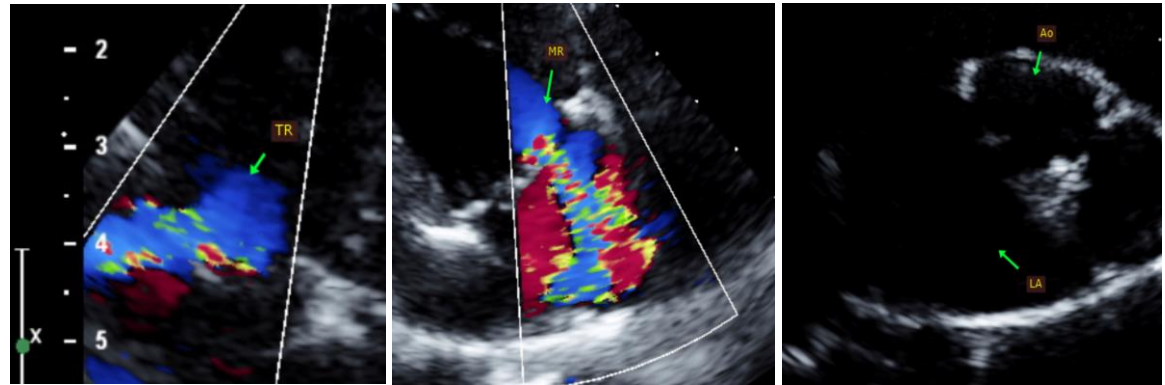
- Recommend conservative monitoring with a recheck echocardiogram/BP in 6 months, sooner if any development of clinical signs.

WEIGHT
23.4lbs

IMAGES

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)



IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

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.

REFERRING VET

Dr. Masloski

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.

INVOICE
23007

Maggie Machen Lamy, DVM
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DATE
3/9/22

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