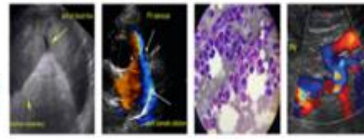


SonoPath Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Chloe Columbus

SPECIES
Canine

BREED
Pomeranian

SEX
Female Spayed

AGE
14 years

WEIGHT
6.81lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
30193

DATE
4/12/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Doing fairly well at home. She does cough/hack at least once a day, occasionally hacking for what seems like 15 minutes. Her appetite is mostly good, picky at times. Energy is good. Grade IV/VI systolic murmur; lung fields clear. no cough with tracheal pressure. BP: 130mmHg x 5. Current medications: Pimobendan 2.5mg 1/2 t BID, Spironolactone 2mg, 1/4 t BID, diphenoxylate with atropine 2.5mg , 1/2 t PRN.
-Pertinent previous echo findings (10/11/22 MML): LA 2.4 cm, LA:Ao 2.0, LV 2.7 cm, severe LAE, borderline LVE, severe MR, trace TR.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: Mild LV diameter with hyperdynamic myocardial function.
Left atrium: The left atrium is severely dilated.
Mitral valve: Markedly thickening of mitral valve leaflets with marked prolapse into the left atrial lumen. Severe 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. No aortic insufficiency.
Right ventricle: Mild RV dilation.
Right atrium: Mild right atrial dilation.
Tricuspid valve: The tricuspid valve appears thickened, with trace tricuspid regurgitation.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.
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.

2-Dimensional Measurements

Measurement	Value
Ao diam (cm)	1.2
LA diam (cm)	2.4
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.6
LVID diastole (cm)	3.1
PW thickness (cm)	0.5
LVID systole (cm)	1.2
FS (%)	61

Doppler Measurements

Measurement	Value
PV Vmax (m/s)	0.73
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.6
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

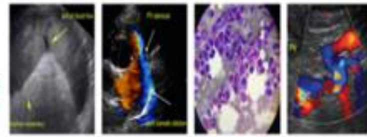
INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with continued stability. Severe mitral and trace tricuspid regurgitation are unchanged without progressive LA dilation. The LV is increased comparatively; however, the remainder of the study is unchanged.

Given these findings, continue 2 medications as prescribed. The reported cough is likely due to mainstem bronchi compression and Hydrocodone should be considered for quality of life, if Diphenoxylate is insufficient.

Prognosis is guarded long-term; however, continued stability is a good sign. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Mass Veterinary Services



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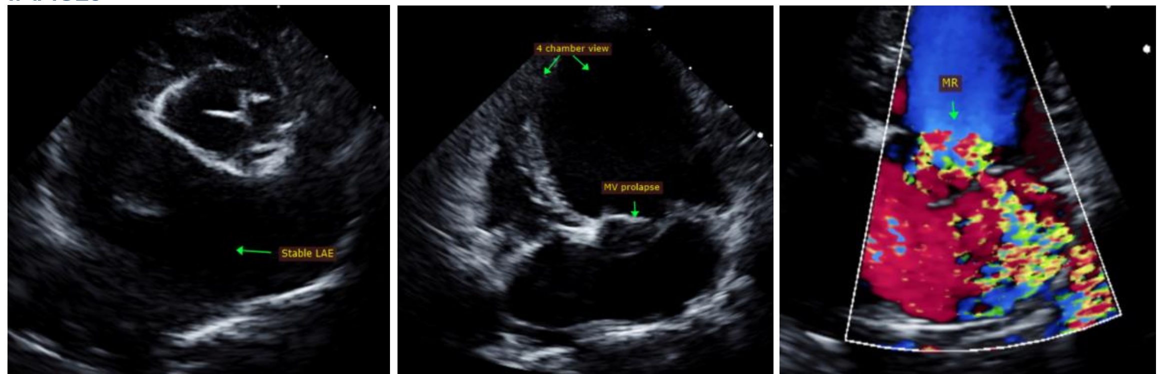
RECOMMENDATIONS

- Continue Spironolactone 1-2 mg/kg PO q 12h.
- Continue Pimobendan 0.3 mg/kg PO q12h.
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

PLAN

- Monitor renal values and BP every 3-4 months lifelong.
- 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)