



PATIENT

Douglas Bandler

SPECIES

Canine

BREED

Pitbull

SEX

Male Neutered

AGE

3 years

WEIGHT

80.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Adopted from the south. Was heartworm positive. Severe heart disease secondary to heartworm. Seen at Angell and had echo in November 2021. Placed on Sildenafil 20 mg TID and Pimobendan 7.5 mg BID. Heartworm treated 1/2022, 2/2022 (two treatments). Since then, still coughing and gets winded very easily. BP: 125, 135, 137 mmHg. Dog is obese. -Pertinent previous echo findings (11/4/21 Katherine Hogan, DVM, DACVIM): LA 2.45 cm; LA:Ao 2.41; LV 3.68 cm; TR (40 mmHg, possible underestimation). Dx: Heartworm disease, class III, with multiple heartworm organisms visualized in right PA branch. PAH, RVE/RVH/RAE. *Sedated with butorphanol/midazolam.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. No mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Mild right ventricular enlargement with mild hypertrophy.

Right atrium: Normal RA.

Tricuspid valve: The tricuspid valve appears mildly thickened with trace tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow. Mild MPA and branch dilation.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

2-Dimensional Measurements

Ao diam (cm)	2.3
LA diam (cm)	2.5
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.0
LVID diastole (cm)	3.7
PW thickness (cm)	1.1
LVID systole (cm)	1.5
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	0.98
AoV Vmax (m/s)	1.8
MR Vmax (m/s)	NA
TR Vmax (m/s)	3.1
TR PG (mmHg)	38

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Dr. Richards

INVOICE

23665

DATE

4/14/22

INTERPRETATION OF THE FINDINGS

Mild pulmonary hypertension persists, as was previously documented. What has significantly improved is the right heart/MPA was reportedly severe enlarged and only mild changes remain. The left heart is normal, and no additional issues are identified.

Given these findings, the cough is likely due to residual pulmonary damage/inflammation due to the prior infestation. Repeat chest radiographs may be beneficial to further evaluate for inflammatory changes and establish a baseline. Treatment of these cases going forward is primarily dependent on management of respiratory symptoms. This



PATIENT

Douglas Bandler

SPECIES

Canine

BREED

Pitbull

SEX

Male Neutered

AGE

3 years

WEIGHT

80.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Dr. Richards

INVOICE

23665

DATE

4/14/22

includes Theophylline, anti-inflammatory Prednisone, intermittent antibiotic therapy for acute flare ups, Hydrocodone, etc. Reasonable to continue Pimobendan and Sildenafil going forward, given the history. This patient should be tested every 6 months for heartworm disease assuming a negative status was already achieved. **Obesity is mentioned in the history and weight loss is strongly recommended to help improve oxygenation.**

Prognosis is guarded going forward as there is high risk for worsening pulmonary disease as the patient ages. This is suspected in this case and should be treated as clinically indicated going forward. If the cough is poorly controlled/progresses long term, this can certainly lead to worsening of PAH. Clinical signs of significant PAH include exertional dyspnea/collapse, which should be monitored for lifelong.

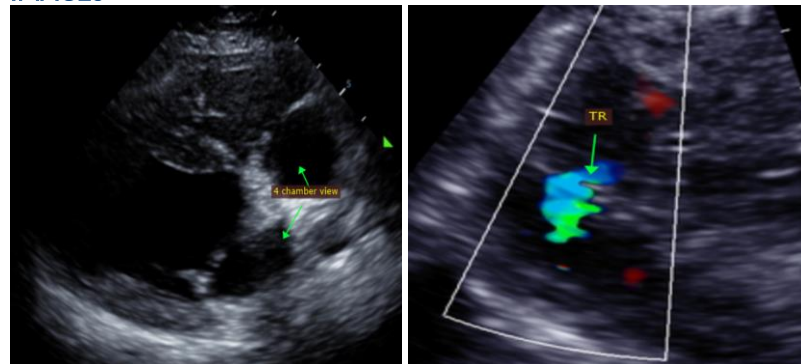
RECOMMENDATIONS

- Continue Pimobendan and Sildenafil as prescribed.
- Consider further respiratory evaluation/treatment including CXR, Theophylline, Hydrocodone, etc.
- Recommend weight loss.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia. Pre-oxygenate for five minutes and recover in O2 if possible. Mild IV fluid restriction is advised.
- Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

IMAGES





PATIENT

Douglas Bandler

SPECIES

Canine

BREED

Pitbull

SEX

Male Neutered

AGE

3 years

WEIGHT

80.5lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Norfolk County
 Veterinary Service

REFERRING VET

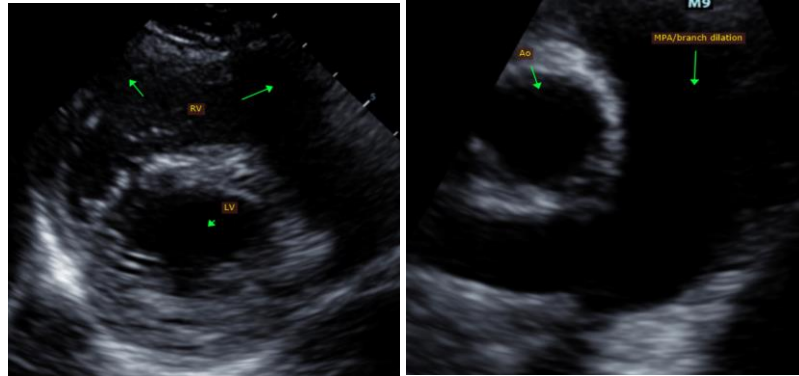
Dr. Richards

INVOICE

23665

DATE

4/14/22



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