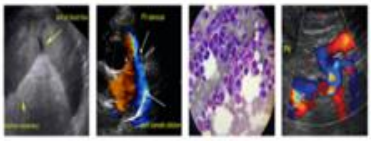
Mass Veterinary Services



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

PATIENT
Jessie Smith

SPECIES
Canine

BREED
Australian Cattle Dog

SEX
Female Spayed

AGE
8 years

WEIGHT
33.4lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
30294

DATE
4/18/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, Jessie is doing well. She did wake up a few nights ago with a dry cough. Jessie's activity level remains good. She is also eating well. NSR ,grade III/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 130-140mmHg. Current medications: 1) Pimobendan/vetmedin 5mg 1 tab twice a day 2) Galliprant 30mg 1 tab daily 3) Pepcid/famotadine 20mg 1 tab daily 4) Visbiome vet 5) Dasaquin *No sedation for study.
-Pertinent previous echo findings (9/6/22 MML): LA 2.8cm; LA:Ao 1.6; LV 3.9 cm, moderate LAE, moderate MR, moderate TR (2.7 m/s).

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 minimal 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 indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: Normal RA dimension.
Tricuspid valve: The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Normal velocity.
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 130bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	2.9
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.9
LVID diastole (cm)	3.8
PW thickness (cm)	0.9
LVID systole (cm)	2.4
FS (%)	37

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	5.7
TR Vmax (m/s)	2.3
TR PG (mmHg)	21

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. Moderate mitral and mild tricuspid regurgitation are unchanged with slight improvement in TR quantity. The left and right heart dimensions are stable, suggesting no increased risk for complication. A small aortic insufficiency has developed; however, the reported blood pressure is normal. No additional issues are identified.

Given these findings, continue Pimobendan is recommended as below. Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

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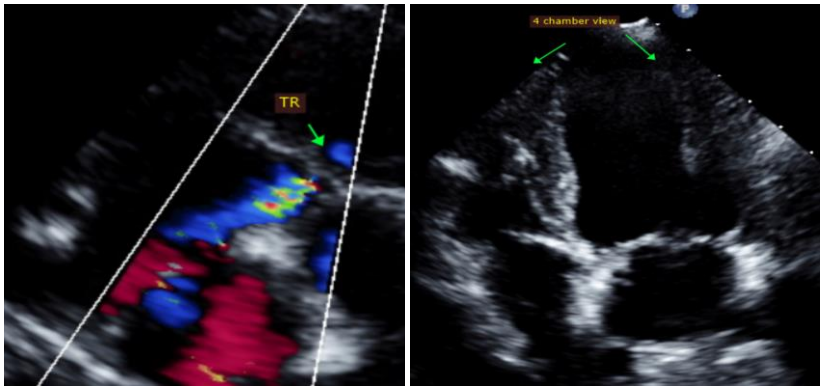
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- 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)

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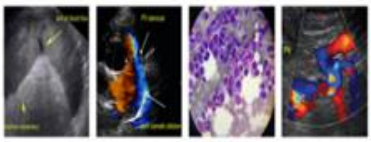

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