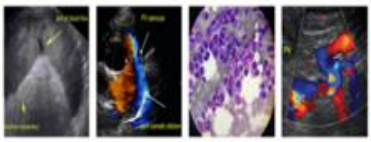
Mass Veterinary Services



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

PATIENT
Marcus Osowski

SPECIES
Canine

BREED
Fox Terrier

SEX
Male Neutered

AGE
12 years

WEIGHT
20.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
30301

DATE
4/18/23

PRESENTING CLINICAL SIGNS

History: Marcus is presently not doing well; he is lethargic and PU/PD for past few weeks. He will gag a bit at home with some occasional bile cough/gagged up. He is still eating well but less interested in snacks. He does have some loose stools noted. On exam: arrhythmia, no murmurs noted, PSS, lung fields harsh on inspiration with mild crackles noted bilaterally, mm pink, moist, CRT<2. BP: 130mmHg x 5. Current mediations: Enalapril 7mg twice a day *No sedation for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is decreased with adequate myocardial function. The LV wall thicknesses are mild to moderately increased bilaterally. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled and hyperechoic.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is normal in structure and mobility. Systolic anterior motion is seen on 2D and color flow imaging. Mild secondary MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Moderately increased aortic outflow velocity. No aortic insufficiency.
Right ventricle: The RV appears volume contracted with mild hypertrophy.
Right atrium: The right atrium is normal in dimension.
Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Mild pulmonic insufficiency. RVOT velocity is normal.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.0
LA:Ao (Swe)	1.3
IVS thickness (cm)	1.0
LVID diastole (cm)	1.6
PW thickness (cm)	1.0
LVID systole (cm)	0.7
FS (%)	56

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	4.6
MR Vmax (m/s)	
TR Vmax (m/s)	
TR PG (mmHg)	

INTERPRETATION OF THE FINDINGS

The most significant finding is both the LV and RV appear volume contracted with increased wall dimensions. This is most commonly due to a volume change, such as dehydration or anemia and immediate lab work is recommended in light of the clinical signs. What is unusual is there is also a significant LVOT obstruction, due to abnormal motion of the mitral valve and no murmur heard upon exam. While this can certainly be exacerbated by volume depletion, a primary component is also possible. Regardless, both atria are normal suggesting low risk for associated complication. No additional issues are identified.

These findings are likely secondary rather than explaining the primary clinical issues. At this time no treatment is recommended. Reassessing the LVOTO is suggested once the

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patient is volume stabilized as Atenolol may be reasonable in the future should it persits. No indication from a cardiac standpoint for continued ACE-I therapy and this can be discontinued.

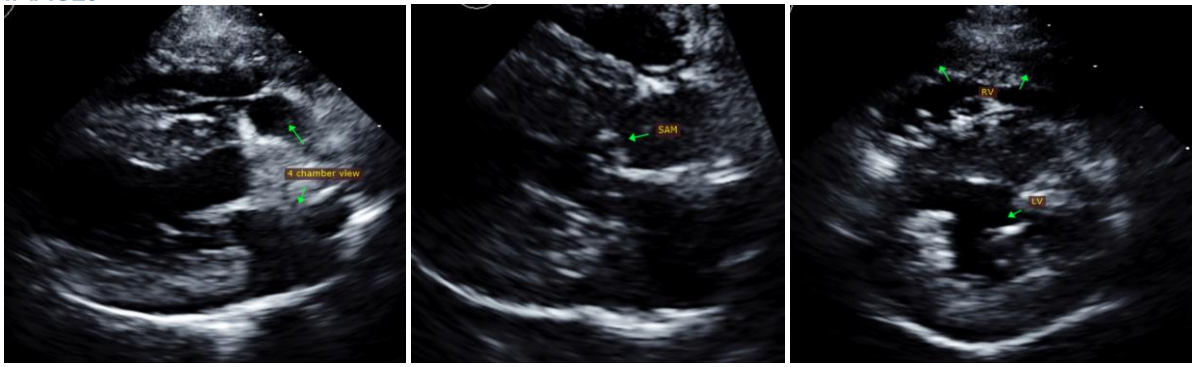
RECOMMENDATIONS

- Given these findings, no medications are indicated and Enalapril can be discontinued.
- Full systemic evaluation (CBC/Chem/UA, AUS, etc.). as discussed,
- Anesthesia is not advised prior to systemic evaluation.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram in 4-6 months to reestablish a baseline and determine if treatment is recommended.

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)