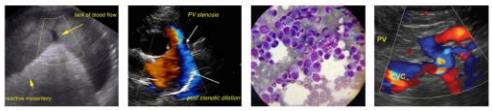
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Rupert Lapinskas

SPECIES
Canine

BREED
Chihuahua Mix

SEX
Male Neutered

AGE
9 years

WEIGHT
15.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Barnstable Animal Hospital

REFERRING VET
Dr. Ware

INVOICE
23867

DATE
4/25/22

PRESENTING CLINICAL SIGNS

History: Recently treated for pancreatitis - now doing well. Recovery was slow - AUS to evaluate the abdominal cavity. Also, had bilateral cruciate repairs and was placed on Galliprant with Carprofen as needed. Has been on Novox and Galliprant for years now despite warnings of using 2 NSAIDs at once can cause GI effects such as ulceration. Also, has a grade III-IV/VI systolic murmur - echocardiogram to assess for heart disease. ALT 272; spec PLI 400. BP: 180mmHg. *Sedated with torbugesic Bi-cavity ultrasound studies.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with adequate function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is diffusely thickened with mild 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. No 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 mild to 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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.5
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.6
LVID diastole (cm)	3.6
PW thickness (cm)	0.6
LVID systole (cm)	1.8
FS (%)	49

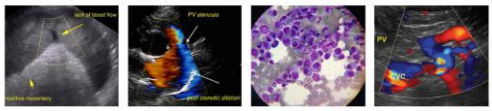
Doppler Measurements

PV Vmax (m/s)	0.86
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	5.7
TR Vmax (m/s)	2.2
TR PG (mmHg)	20

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and mild to moderate tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. No additional issues are identified.

Given LA dilation, Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



PATIENT
Rupert Lapinskas

SPECIES
Canine

BREED
Chihuahua Mix

SEX
Male Neutered

AGE
9 years

WEIGHT
15.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Barnstable Animal Hospital

REFERRING VET
Dr. Ware

INVOICE
23867

DATE
4/25/22

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

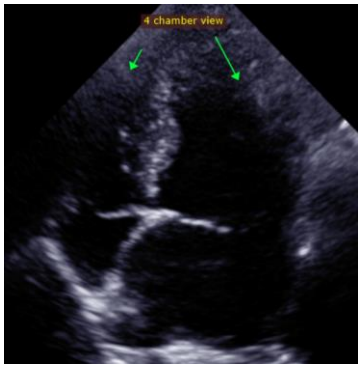
RECOMMENDATIONS

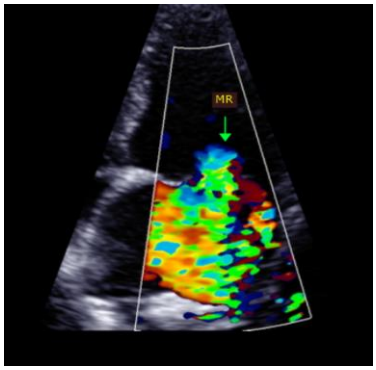
- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h (once eating and feeling well at home).
- Reassess BP as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, anesthetic risk is considered mild if needed. 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.

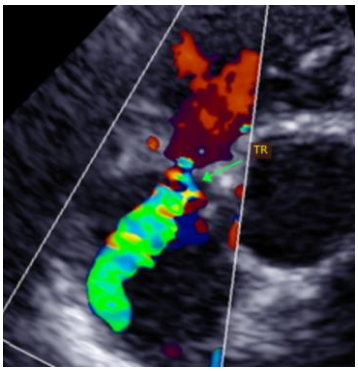
PLAN

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

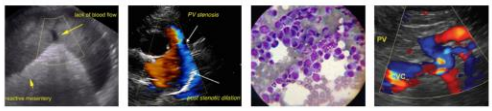
IMAGES







PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT

Rupert Lapinskas

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male Neutered

AGE

9 years

WEIGHT

15.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Barnstable Animal Hospital

REFERRING VET

Dr. Ware

INVOICE

23867

DATE

4/25/22

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