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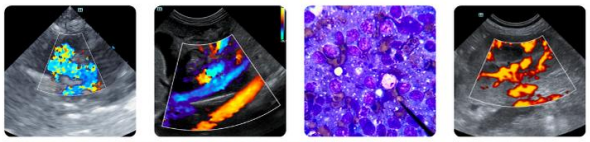

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Stella Bauer

SPECIES

Canine

BREED

Japense Chin

SEX

Female Spayed

AGE

10 years

WEIGHT

14lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Sam Doverspike, DVM

HOSPITAL NAME

Franklin Animal Clinic Inc.

REFERRING VET

Dr. Sam Doverspike

INVOICE

47707

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: Presented for abdominal distension. No murmur present. Chronic cough. Abdominocentesis after U/S removed 350ml of transudate.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. There is moderate eccentric mitral regurgitation present. The MR velocity is normal. Moderate left atrial enlargement. Mild left ventricular dilation with adequate myocardial function. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. The main pulmonary artery is mildly dilated. Mild right atrial and ventricular enlargement. No septal flattening. The tricuspid valve is thickened with septal prolapse and moderate tricuspid regurgitation. Velocity consistent with mild to moderate pulmonary hypertension. Normal aortic and pulmonic outflow velocities. Trace pulmonic insufficiency. No aortic insufficiency. No pericardial effusion. No pleural effusion seen. In some views there is an impression of a heart-based tumor, although the finding is inconclusive.

CARDIAC CHART

CANINE CARDIAC PARAMETERS	**MR VMAX** (m/s)	**TR VMAX** (m/s)	**LA/AO** (Boon method)	**LA/AO** (Heart Base; Swe)	**FS** (%)	**EF** (%)	**EPSS** (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	4.5	3.4	NM	1.6	31	58	NM
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LA** 2D short axis Base view (cm)	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	200	1.2	0.8	6.4	2.5	2.9	2.0
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
***Note: All measurements based upon multi-modal images and methods. An average value is reported.**				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing moderate mitral and tricuspid regurgitation is identified. Moderate left atrial dilation indicates the risk for imminent spontaneous left-sided congestive heart failure is relatively low. More importantly, there is mild right heart enlargement with evidence of mild to moderate pulmonary hypertension. The degree of pressure overload is difficult to quantify, as this degree of pulmonary hypertension would not lead to right-sided

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heart failure. Additionally, the right heart is only mildly enlarged, which is atypical. Finally, in some views there is the impression of increased soft tissue at the heart base, consistent with a mass. In light of the clinical picture, this should be further explored as a possible causative issue. Highly recommend 3-view CXR with a Radiologist review, focused thoracic ultrasound, etc. for further investigation. Regardless, the patient does have significant disease, making ascites most likely due to right-sided CHF. Fluid sampling should be considered for cytology.

Full lifelong cardiac supportive medications is recommended as below including diuretic therapy and Sildenafil.

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a worsening cough, labored breathing, exercise intolerance or worsening collapse episodes. Monitoring of sleeping breathing rates is recommended as the best way to screen for progression to CHF at home. Unfortunately, there is high risk for recurrent spontaneous CHF, worsening cough and/or malignant arrhythmias and sudden death in the future. The prognosis with this degree of disease is poor, with most dogs able to maintain a good QOL on medications for an average of 8-12 months.

Elective anesthesia is not advised.

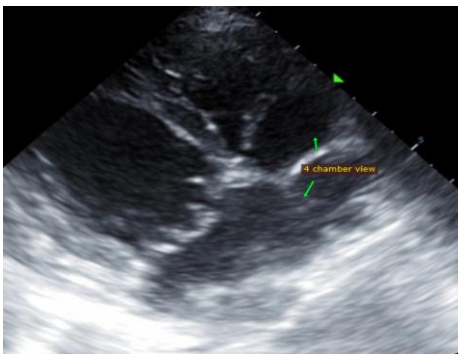
PLAN

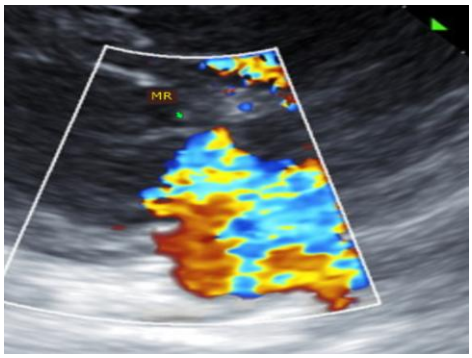
Further workup is recommended, including fluid cytology, 3-view CXR with a Radiologist review, focused thoracic ultrasound, etc. as discussed. An abdominal ultrasound may be reasonable for further investigation. Institute Spironolactone 1-2mg/kg PO q12h. Institute Sildenafil 1-2mg/kg PO 8h. Institute Lasix 1-2mg/kg Po q12h. Institute Pimobendan 0.3mg/kg PO q12h. Pending BP >130mmHg, institute ACE-I 0.5mg/kg Po q12h.

Recheck renal values and BP in 1-2 weeks, then every 3-4 months on diuretic therapy.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

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.

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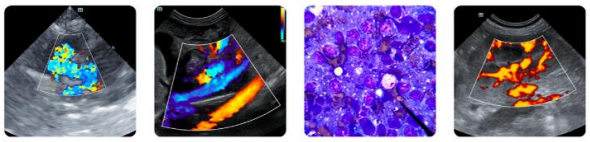

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Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com