



PATIENT
Bo Jangles Howie

SPECIES
Canine

BREED
Maltese mix

SEX
Male Intact

AGE
12 years

WEIGHT
13lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
23477

DATE
4/6/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. History paroxysmal supraventricular rhythm. Current presentation: Bo Jangles tends to cough after drinking or playing. No labored breathing noted. Tends to be a finicky eater but is maintaining his weight. His activity level remains stable. On exam: arrhythmia, grade IV/VI murmur with PMI left apical area, PSS, lung fields clear, no cough with tracheal pressure. BP: 110mmHg x 5. Medications: 1) Pimobendan 3.75mg 1/2 tab twice a day 2) Hycodan 5mg 1/4 tab three times a day 3) Cytopoint given 4/1 4) Enalapril 2.5mg 1 tab twice a day *No sedation for study. -Pertinent previous echo findings (5/26/21 MML): LA 2.7 cm; LA:Ao 1.8; LV3.2 cm; moderate LAE; moderate-severe MR; mild-moderate TR (2.2 m/s); trace AI.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 20mm/mV. The underlying rhythm is sinus in origin with an average heart rate of 120bpm. P for every QRS complex and vice versa. Frequent supraventricular arrhythmias throughout. Primarily during the initial part of the tracing. Heart rate is 200bpm. ECG diagnosis: Normal sinus rhythm with a paroxysmal supraventricular rhythm, likely stressed induced.

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 markedly thickened with significant prolapse into the left atrial lumen. Flail leaflet. Moderate to severe 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 septal prolapse and moderate tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trivial pulmonic insufficiency. Normal RVOT velocity; laminar flow.

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

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.4
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.5
LVID diastole (cm)	3.3
PW thickness (cm)	0.5
LVID systole (cm)	1.2
FS (%)	64

Doppler Measurements

PV Vmax (m/s)	0.92
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.7
TR Vmax (m/s)	3.0
TR PG (mmHg)	33



PATIENT

Bo Jangles Howie

SPECIES

Canine

BREED

Maltese mix

SEX

Male Intact

AGE

12 years

WEIGHT

13lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

23477

DATE

4/6/22

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with relative stability. The left heart is similar to previous with a flail leaflet and significant MR. The left heart dimensions are largely unchanged. Mild pulmonary hypertension is now identified, which is a new finding. The right heart remains relatively normal in size and no additional issues are identified.

The ECG is also similar to the prior study with an intermittent supraventricular tachycardia. The arrhythmia does not appear sustained, and the patient is otherwise doing well at home, which likely indicates this is a stressed response. If the patient experiences any collapse or acute lethargy, reassessment is advised. Otherwise, no treatment is warranted at this time.

Continue Pimobendan and Enalapril as previously recommended with Hydrocodone if needed for quality of life. Continued assessment of progression in the future will help predict long term prognosis, which remains guarded at this stage (B2).

RECOMMENDATIONS

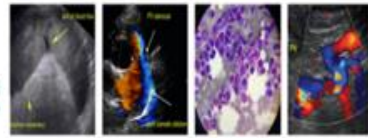
- Continue 3 medications as prescribed.
- Reevaluate arrhythmia if any acute lethargy or syncope are noted.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine 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





PATIENT

Bo Jangles Howie

SPECIES

Canine

BREED

Maltese mix

SEX

Male Intact

AGE

12 years

WEIGHT

13lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

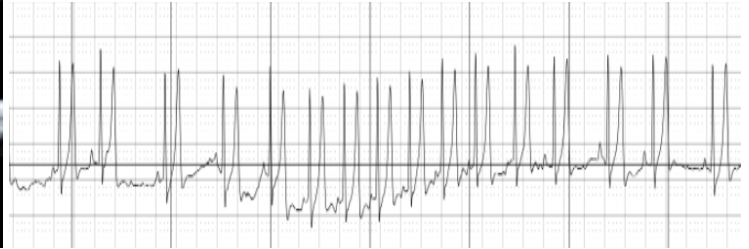
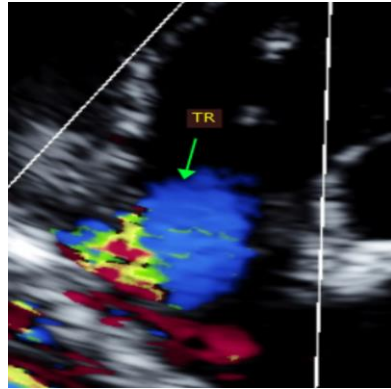
Dr. Masloski

INVOICE

23477

DATE

4/6/22



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

Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)