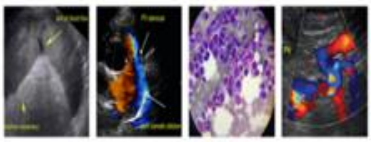
Mass Veterinary Services



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**
Sparky Foley

**SPECIES**
Canine

**BREED**
Cocker Spaniel

**SEX**
Male Neutered

**AGE**
13 years

**WEIGHT**
27.4lbs

**INTERPRETED BY**
Maggie Machen Lamy, DVM DACVIM (Cardiology)

**IMAGING PERFORMED BY**
Pamela Harrigan, RDCS

**HOSPITAL NAME**
Mass Veterinary Services

**REFERRING VET**
Dr. Masloski

**INVOICE**
23474

**DATE**
4/6/22

## PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease, advanced. History sinus node dysfunction with APCs. Current presentation: Sparky has some fur loss on his back. He has been losing weight but has a good appetite. Sparky is otherwise doing well with no noted C/S/V/D/PU/PS. On exam: arrhythmia, grade IV-V/VI murmur with PMI left apical area radiating to right with grade II-III/VI murmur noted on right, PSS, lung fields clear, soft cough with tracheal pressure. BP: 140-150mmHg. Medications: 1) Pimobendan/vetmedin 7.5mg 1/2 tab twice a day 2) Enalapril 5mg 1 tab twice a day 3) Lasix/furosemide 50mg am with 12.5mg pm 4) Spironolactone 25mg 1 tab twice a day 5) Sildenafil 20mg 1 tab three times a day 6) Snip tips daily 7) Diltiazem 10mg 1 capsule three times a day 8) Probiotic daily *Sedated with propofol (kept light) due to excessive panting.
-Pertinent previous echo findings (8/18/21 MML): LA 4.0 cm; LA:Ao 2.2; LV 4.2 cm; severe LAE; moderate-severe MR; moderate TR (3.5 m/s; 49 mmHg0; moderate PAH; small pericardial effusion.

## 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, 10mm/mV. The average heart rate is 120bpm (range 55-170bpm). The underlying rhythm is sinus in origin, with a p for every QRS complex and vice versa. The rhythm is highly irregular with brief sinus pauses and periods of sinus tachycardia. Occasional APCs are identified throughout. No ventricular premature ectopic beats observed.
ECG diagnosis: Unchanged sinus node dysfunction with isolated APCs.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
**Left ventricle:** The LV diameter is mildly increased with hyperdynamic myocardial function. LV wall thicknesses are normal.
**Left atrium:** The left atrium is severely dilated.
**Mitral valve:** The mitral valve is thickened with mild prolapse into the left atrial lumen. Moderate to severe 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:** Moderate RV dilation and hypertrophy consistent with pressure overload. Septal bounce in systole.
**Right atrium:** Moderate RA dilation.
**Tricuspid valve:** The tricuspid valve appears mildly thickened. Moderate tricuspid regurgitation; velocity consistent with moderate pulmonary arterial hypertension.
**Pulmonic valve/Pulmonary artery**: The pulmonic valve appears normal with normal mobility. No obvious pulmonic insufficiency. Normal RVOT velocity; laminar flow. MPA and branch dilation.
**Pericardium/other:** No pericardial effusion. No pleural effusion noted. No obvious cardiac masses.

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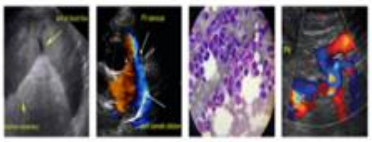

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**2-Dimensional Measurements**

| | |
|---|---|
| Ao diam (cm) | 1.5 |
| LA diam (cm) | 4.1 |
| LA:Ao (Swe) | 2.5 |
| IVS thickness (cm) | 1.0 |
| LVID diastole (cm) | 3.8 |
| PW thickness (cm) | 1.0 |
| LVID systole (cm) | 2.1 |
| FS (%) | 45 |

**Doppler Measurements**

| | |
|---|---|
| PV Vmax (m/s) | 0.6 |
| AoV Vmax (m/s) | 0.98 |
| MR Vmax (m/s) | 4.6 |
| TR Vmax (m/s) | 3.4 |
| TR PG (mmHg) | 46 |

## INTERPRETATION OF THE FINDINGS

Compared to the prior study, the disease is quite similar. Pulmonary pressures are unchanged and right heart dimensions remain stable. The left heart is severely affected; however, there is no obvious progression. Finally, no effusion is seen as was documented on the previous exam.

The ECG is similar as well with APCs and sinus node dysfunction. Given a lack of clinical signs, no further evaluation is likely needed at this time. A holter monitor should still be considered, particularly if any symptoms develop.

Given these findings, continue all medications as previously recommended. Prognosis remains poor at this stage. The patient will always be at risk for recurrent right or left sided CHF, development of syncopal episodes, malignant arrhythmias and/or sudden death in the future.

## RECOMMENDATIONS

- Continue all medications as prescribed.
- Consider a holter monitor, particularly should any syncope or acute lethargy be noted in the future.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Lifelong activity/stress restriction is advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

## PLAN

- Recheck renal values, BP and ECG every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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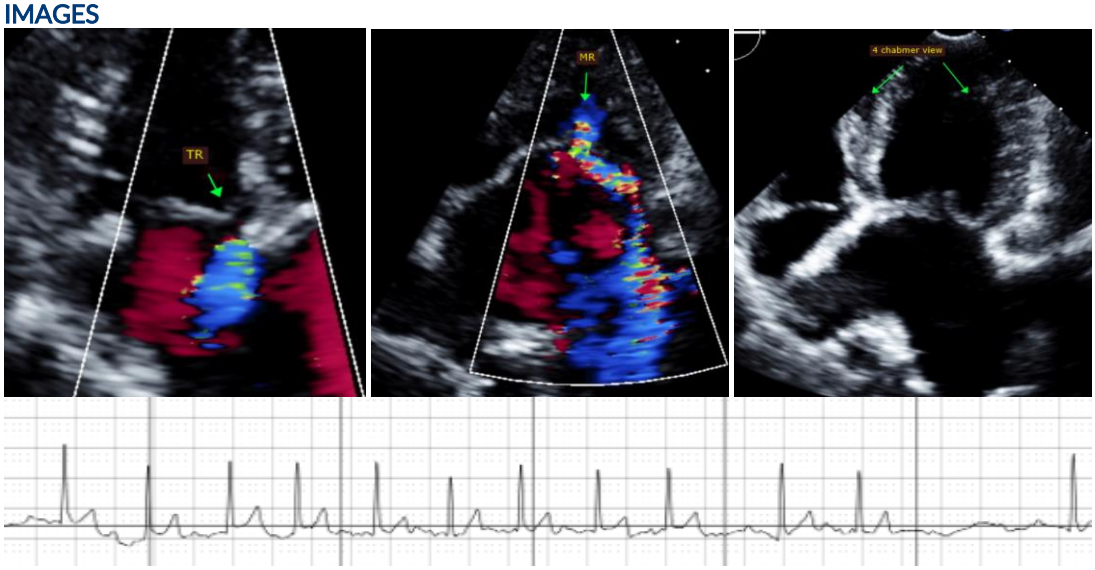
## IMAGES




**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)