PAUS
Pet Animal Ultrasound Service
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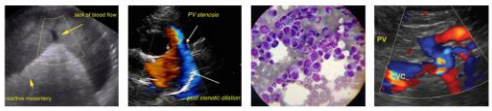


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Rapha Poulin

SPECIES
Canine

BREED
Beagle Mix

SEX
Male Neutered

AGE
10 years

WEIGHT
30.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Littleton Animal Hospital

REFERRING VET
Dr. Radzinski

INVOICE
23530

DATE
4/7/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Currently doing well with no clinical problems. Good appetite and activity level. Grade lll/Vl systolic murmur. BP: 235, 238 mmHg. Medications: Amlodipine 2.5 mg q24h. *Sedated with butorphanol.
-Pertinent previous echo findings (6/17/21 MML): LA 2.3 cm; LA:Ao 0.94; LV 3.1 cm; normal LA size; mild MR; mild TR (2.0 m/s).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild anterior-directed mitral regurgitation with a normal velocity.
Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trivial aortic insufficiency. Aortic root and ascending segment are mildly dilated.
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 normal with mild 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 100bpm.

2-Dimensional Measurements

Ao diam (cm)	2.6
LA diam (cm)	2.4
LA:Ao (Swe)	0.9
IVS thickness (cm)	0.86
LVID diastole (cm)	2.9
PW thickness (cm)	0.86
LVID systole (cm)	1.3
FS (%)	56

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	6.2
TR Vmax (m/s)	2.4
TR PG (mmHg)	23

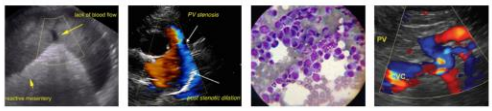
INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with relative stability. Mild MR and TR are unchanged, without chamber enlargement. The blood pressure remains severely elevated despite amlodipine therapy. If this is thought to be a true reading, a dose adjustment, dual therapy and/or referral to an IM specialist may be indicated.

No cardiac medications are indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

RECOMMENDATIONS

- No medications are indicated.



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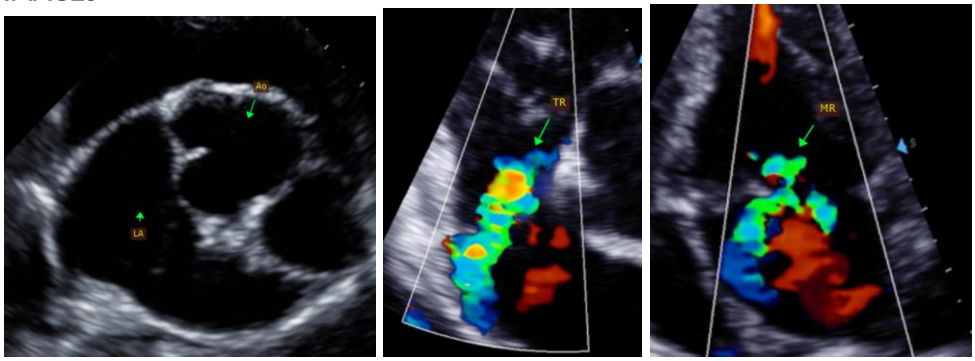
- Consider further treatment for SHT as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane 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 6-12 months, sooner if any development of clinical signs.

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
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