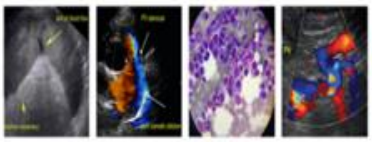
Mass Veterinary Services



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

PATIENT
Leo O'Connor

SPECIES
Canine

BREED
Chihuahua

SEX
Male Neutered

AGE
12 years

WEIGHT
7.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
24145

DATE
5/11/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease. Current presentation: Leo is doing well; sporadic cough. More fussy with eating, but maintaining weight. Leo's activity level remains stable. On exam today: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 150 mmHg x 5. Current medications: 1) Pimobendan/vetmedin 1.25mg 1/2 tab twice a day 2) Lasix/furosemide 12.5mg 1/4 tab twice a day 3) Neopolydex 1 drop daily left eye 4) Flurbiprofen 1 drop daily left eye 5) Latanoprost 1 drop daily left eye 6) Ocunovis 1 drop three times a day in left eye 7) Enalapril 2.5mg 1/2 tab twice a day *Sedated with propofol for study -Pertinent previous echo findings (5/26/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.7 cm; LA:Ao 1.4; LV 2.4 cm; mild LAE; marked MV prolapse, moderate MR; mild TR (3.0; 36 mmHg).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: Decreased LV diameter with normal function. LV wall thicknesses are increased.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Mild eccentric mitral regurgitation.
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 thickened with septal prolapse and 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 bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.2
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.8
LVID diastole (cm)	1.3
PW thickness (cm)	0.8
LVID systole (cm)	0.7
FS (%)	46

Doppler Measurements

PV Vmax (m/s)	0.60
AoV Vmax (m/s)	0.74
MR Vmax (m/s)	NM
TR Vmax (m/s)	1.9
TR PG (mmHg)	14

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mitral and tricuspid regurgitation persists. Compared to the prior study, the degree of MR is improved with decreased left heart dimensions. One confounding difference is the LV appears volume contracted in this study (increased LV wall dimensions with a decreased chamber size), which may suggest dehydration. Baseline lab-work is highly recommended if not recently assessed. The right heart is unchanged, with improved pulmonary pressures.

Mass Veterinary Services

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

PATIENT
Leo O'Connor

SPECIES
Canine

BREED
Chihuahua

SEX
Male Neutered

AGE
12 years

WEIGHT
7.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
24145

DATE
5/11/22

Given the unusual history and appearance of the LV, consider discontinue Lasix at this time. Pending normal lab values Pimobendan/ACEI can be continued. If the patient is indeed azotemic, discontinuation of the ACEI may also be necessary. Prognosis remains guarded long-term.

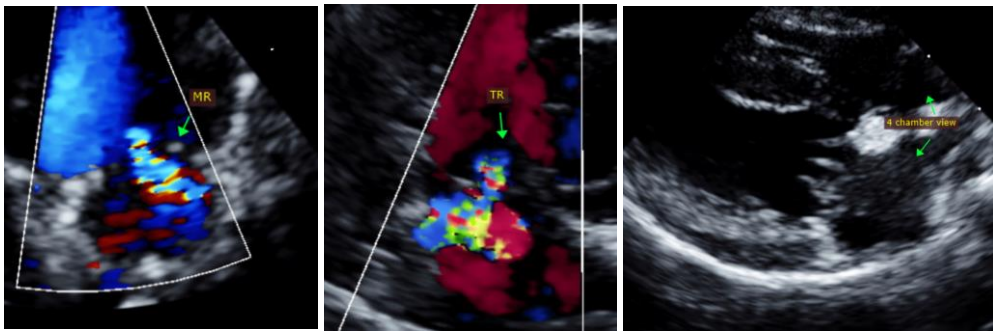
RECOMMENDATIONS

- Discontinue Lasix.
- Baseline renal panel. If azotemic, d/c ACEI.
- Continue Pimobendan.
- Monitor renal values and BP every 3-4 months lifelong.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is the best way to assess for recurrent CHF in the future.
-

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-8 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
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)