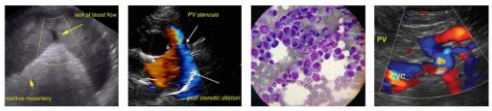
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Maxwell England

SPECIES
Canine

BREED
Cavalier

SEX
Male Neutered

AGE
9 years

WEIGHT
23.1lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Compassionate Care Veterinary Clinic

REFERRING VET
Dr. Coates

INVOICE
24323

DATE
5/22/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Currently, doing well at home. Good appetite and energy level. Patient is exhibiting infrequent periodic non-productive coughing following activity. No dyspnea/tachypnea. Murmur has increased in intensity, now grade V/VI holosystolic; no arrhythmia, no pulse deficits, no adventitious lung sounds, normal thoracic percussion, HR 132 bpm. BP: 125, 130, 130mmHg.
-Pertinent previous echo findings (4/16/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology: LA 2.2 cm; LA:Ao 1.4; LV 3.1 cm; mild LAE; moderate MR; moderate TR (2.5mmHg; 25mmHg).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is increased with hyperdynamic myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate 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. 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 moderate tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.
Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace 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 110bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	2.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.8
LVID diastole (cm)	3.67
PW thickness (cm)	0.8
LVID systole (cm)	1.85
FS (%)	49

Doppler Measurements

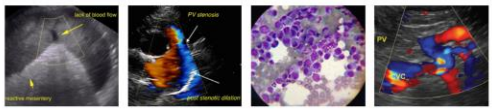
PV Vmax (m/s)	0.85
AoV Vmax (m/s)	1.9
MR Vmax (m/s)	5.2
TR Vmax (m/s)	2.9
TR PG (mmHg)	35

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of progression. Moderate mitral and tricuspid regurgitation are progressed, and moderate left atrial enlargement is documented. Mild pulmonary hypertension has also developed, which should be monitored going forward. No additional issues are identified.

Given progression, Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



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

PATIENT
Maxwell England

SPECIES
Canine

BREED
Cavalier

SEX
Male Neutered

AGE
9 years

WEIGHT
23.1lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Compassionate Care Veterinary Clinic

REFERRING VET
Dr. Coates

INVOICE
24323

DATE
5/22/22

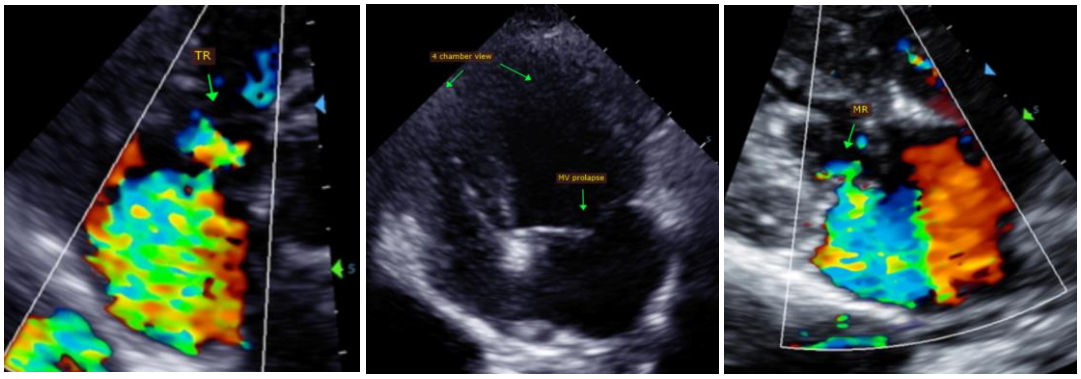
RECOMMENDATIONS

- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, 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



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