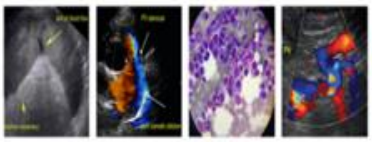
Mass Veterinary Services



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

PATIENT
Valentino Roberge

SPECIES
Canine

BREED
Border Collie Mix

SEX
Male Neutered

AGE
3 years

WEIGHT
59lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
24379

DATE
5/24/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History S/P pulmonary valve balloon valvuloplasty for severe pulmonic stenosis (July 7, 2021). Currently Valentino pants more in the heat - has been kept more in the A/C. Good appetite and normal activity level. On exam, NSR, grade IV-V/ VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 170mmHg x 5. Current medications: Atenolol 25mg 1/2 tab twice a day. *Sedated with propofol for study.
-Pertinent previous echo findings (9/1/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 21. cm; LA:Ao 1.1; LV 3.5 cm; RV/RA dilation; mild RVH. PV PG 67 mmHg.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate function. LV wall thicknesses are normal.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve appears normal with no MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: The RV is dilated in short axis with mild hypertrophy. Subtle septal flattening.
Right atrium: Mild RA dilation.
Tricuspid valve: The tricuspid valve appears mildly thickened. No obvious stenosis. Trivial tricuspid regurgitation.
Pulmonic valve/Pulmonary artery: Pulmonic outflow velocities are elevated at the level of the valve. The max velocity is consistent with a moderate stenosis (PG 55mmHg). The pulmonic valve appears thickened and tethered. Moderate pulmonic insufficiency. Moderate post-stenotic dilation of the MPA and branches.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 90bpm.

2-Dimensional Measurements

Ao diam (cm)	2.0
LA diam (cm)	2.2
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.8
LVID diastole (cm)	3.65
PW thickness (cm)	0.8
LVID systole (cm)	2.5
FS (%)	32

Doppler Measurements

PV Vmax (m/s)	3.7
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Unchanged structural disease is seen in this study. The right heart is similar to previous with mild to moderate enlargement. The velocity through the stenotic pulmonic valve is similar to slightly improved to the prior study. No additional issues are identified and there is no obvious evidence of progression.

Given what is seen here, reasonable to continue Atenolol. No additional medications are warranted. Prognosis remains guarded; however, a lack of restenosis thus far certainly a good sign. Lifelong monitoring remains advised.

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Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing). Mild exercise restriction is advised. Omega fatty acid supplementation may have some long-term benefit, given these cases are predisposed to development of arrhythmias going forward.

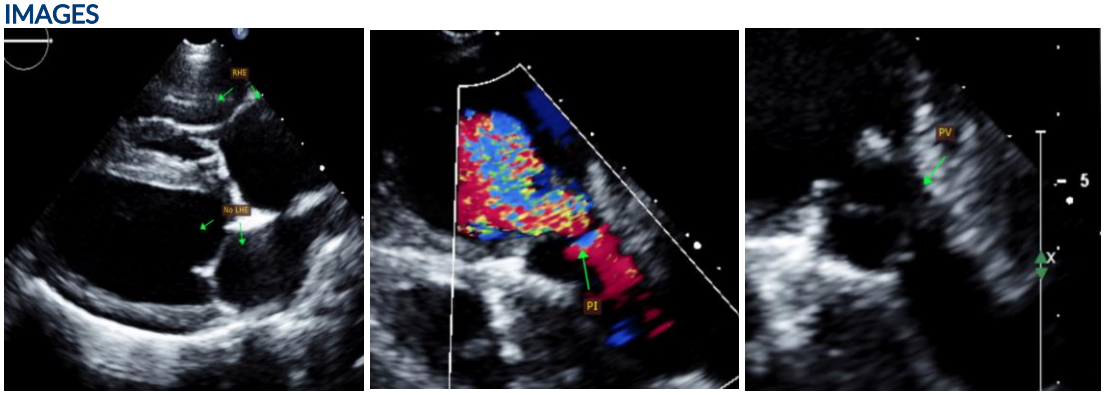
RECOMMENDATIONS

- Continue atenolol as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is mild to moderate at this time. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless absolutely necessary. Avoid vasodilators such as acepromazine. Mild IV fluid restriction is advised. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 if possible.
- Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary.
- Mild activity restriction is advised.

PLAN

- A recheck echocardiogram is recommended annually, sooner if clinical signs arise.

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)