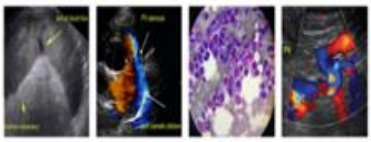
Mass Veterinary Services



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

PATIENT
Wally Carlson

SPECIES
Canine

BREED
Boston Terrier

SEX
Male Neutered

AGE
12 years

WEIGHT
16lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
30568

DATE
5/3/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, Wally is doing well overall with a good appetite and no issues, although he is having progressively more trouble walking from OA. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 180-200mmHg. Current medications: 1) Pimobendan 5mg 1/2 tab twice a day 2) fish oil 3) Carprofen/rimadyl 25mg 1/2 tab twice a day 4) Gabapentin 100mg 1 capsule twice a day *No sedation for study.
-Pertinent previous echo findings (11/1/22 MML): 2.2 cm; LA:Ao 1.5, LV 3.4 cm; moderate LAE, moderate MR, mild TR (2.9 m/s; 33 mmHg).

ECHOCARDIOGRAM FINDINGS

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is diffusely thickened with minimal 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.
Right atrium: Normal RA dimension.
Tricuspid valve: The tricuspid valve appears normal with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.
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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.5
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.7
LVID diastole (cm)	3.2
PW thickness (cm)	0.7
LVID systole (cm)	2.2
FS (%)	31

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.5
TR Vmax (m/s)	3.0
TR PG (mmHg)	37

INTERPRETATION OF THE FINDINGS

Unchanged chronic degenerative valve disease persists. The left heart dimensions are stable and quantitatively the MR are TR are unchanged. The pulmonary pressures are slightly increased comparatively; however, this is clinically insignificant. No additional issues are identified.

Continue Pimobendan as prescribed. No additional need for medications. Prognosis remains guarded long-term.

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend

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institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushing's, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

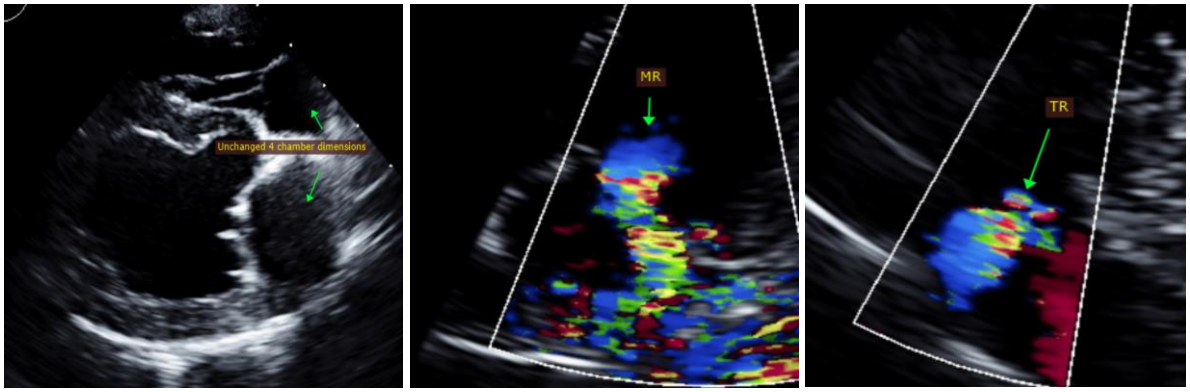
RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Reassess BP 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
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)