



PATIENT

Bentley Butch

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Male Neutered

AGE

12 years

WEIGHT

14.6lbs

PRESENTING CLINICAL SIGNS

History: Bentley was noted to have a heart murmur in July 2019. Bentley is presently doing well - good appetite and normal activity level. On exam today: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 180mmHg x 5. *No sedation for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is mildly increased with hyperdynamic 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: Mild right ventricular enlargement.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with moderate to severe 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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.8
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.6
LVID diastole (cm)	3.4
PW thickness (cm)	0.6
LVID systole (cm)	1.8
FS (%)	47

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	5.9
TR Vmax (m/s)	4.8
TR PG (mmHg)	94

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and mild tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. Surprisingly, significant pulmonary hypertension is identified without any reported clinical signs. The right heart is only mildly enlarged suggesting this may be a new development. No additional issues are identified.

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

Given these findings, Pimobendan is recommended as below. In an asymptomatic dog, use of Sildenafil could be debated. I would not necessarily institute it at this time; however, if any exertional dyspnea or collapse is noted in the future, this should certainly be utilized. Screen for underlying causes, such as history of heartworm disease, respiratory issues, etc. Baseline CXR is recommended. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

INVOICE

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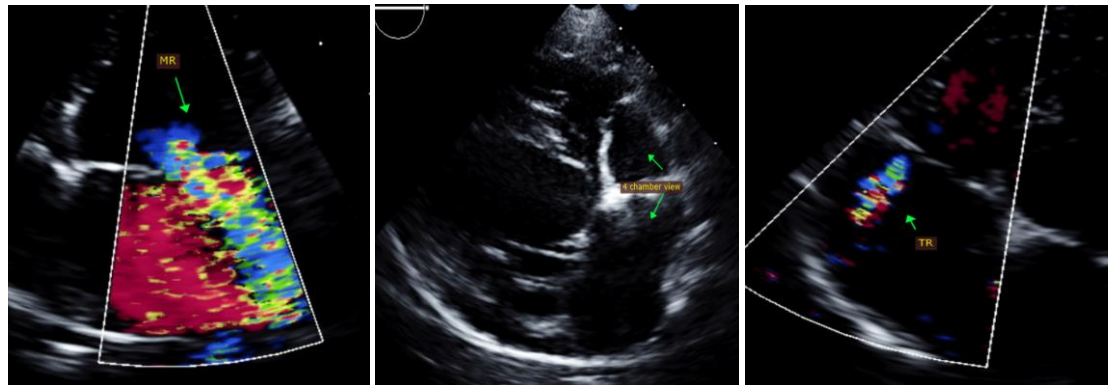
RECOMMENDATIONS

- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- Screen for underlying causes of pulmonary hypertension, such as heartworm, respiratory disease, etc.
- Baseline CXR recommended as discussed.
- 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)

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Echocardiogram performed by:

Pamela Harrigan, RDCS

Pet Animal Ultrasound Service (4paus.com)