



PATIENT

Fozzy Teel

SPECIES

Canine

BREED

Australian Shepherd

SEX

Male Neutered

AGE

13 years

WEIGHT

50.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24488

DATE

5/31/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease, advanced. Current presentation: Fozzy was coughing a fair amount last month - not better. Cough worsens when not taking Hycodan. Occasional episodes of labored breathing. Good appetite. On exam today: NSR, grade III/VI murmur with PMI left apical area and mild radiation to right, PSS, lung fields clear, cough with tracheal pressure. BP: 130 mmHg x 5. Current medications: 1) Liver support---discontinued 2) Pimobendan 15mg 1/2 tab twice a day 3) Enalapril 10mg 2 tabs twice a day 4) Spironolactone 25mg 1 tab twice a day 5) Amlodipine 2.5mg 1 tab twice a day 6) Gabapentin 100mg 1 capsule twice a day 7) Lasix/furosemide 80mg 1 tab in am with 1/2 tab in pm 8) Hydrocodone with homatropine/ hycodan 5/1.5mg 1 tab twice a day.

-Pertinent previous echo findings (8/10/21 Maggie Machen Lamy, DVM, DACVIM-cardiology): LA 4.0 cm; LA:Ao 1.7; LV 3.6 cm; moderate LAE; severe MR: trace TR (2.8 m/s; 32 mmHg); early pulmonary hypertension. *Sedated with propofol for study

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: LV is normal to slightly decreased with adequate myocardial function. Subtle septal flattening.

Left atrium: The left atrium is mildly dilated.

Mitral valve: Significant thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Mild eccentric mitral regurgitation, 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: RV dimension and morphology are normal.

Right atrium: Normal RA dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened with trace tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Normal pulmonic outflow velocities. No pulmonic insufficiency.

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)	2.4
LA diam (cm)	3.6
LA:Ao (Swe)	1.5
IVS thickness (cm)	1.1
LVID diastole (cm)	3.0
PW thickness (cm)	1.2
LVID systole (cm)	2.2
FS (%)	27

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	4.6
TR Vmax (m/s)	3.1
TR PG (mmHg)	38

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there are some minor differences. First, the left heart appears volume contracted (previously dilated). Baseline lab work is strongly recommended to screen for any contributing causes. Additionally, subtle flattening is noted, which is suggestive of RV pressure elevation; however, the pulmonary pressures are only slightly increased compared to the prior study. This may reflect progressive



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pulmonary hypertension in this patient, not reflected in TR velocity. The remainder of the study is slightly improved overall, with mild MR and mild left atrial enlargement.

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These findings continue to suggest that the cough is non-cardiac in origin. The Lasix dose may need to be altered, pending lab work results and can likely be done so safely. Additionally, given that the patient has intermittent labored breathing, recommend consider a Sildenafil trial to assess for any clinical improvement. No obvious indication for changes for medications at this time.

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Long term prognosis remains guarded; however, comparative stability is encouraging. Patient will always be at risk for progression to CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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RECOMMENDATIONS

- Highly recommend lab work given the appearance of the left heart. Pending lab work results, Lasix, Spironolactone and/or Enalapril dosages may need to be altered.
- Continue additional medications as prescribed.
- Consider a Sildenafil trial, give 1-2mg/kg PO q12h and assess for improvement in breathing pattern. If no improvement, no need to continue.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is the best way to screen for progression to CHF at home.

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PLAN

- Monitor BP is recommended every 4-6 months lifelong.
- A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

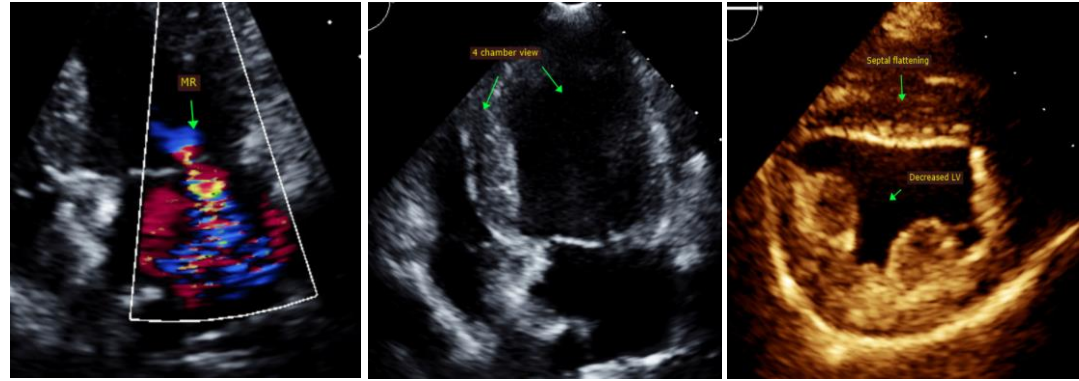
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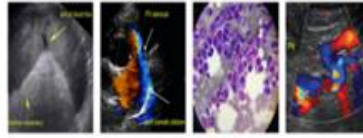
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IMAGES





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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.

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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.

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Australian Shepherd

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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