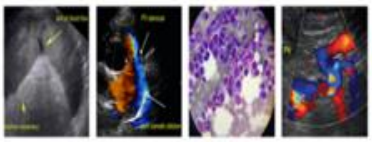
Mass Veterinary Services



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

PATIENT
Bentley Butch

SPECIES
Canine

BREED
Jack Russell Terrier

SEX
Male Neutered

AGE
13 years

WEIGHT
14.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
31294

DATE
6/13/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Bentley is presently doing well. He is eating well with normal activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 140mmHg. Current medications: Pimobendan/vetmedin 1.25mg 1.5 tabs twice a day *No sedation for study.
-Pertinent previous echo findings (12/7/22 MML): LA 2.5 cm; LA:Ao 1.5, LV 3.3 cm; mild LAE/LVE, moderate MR, mild TR (3.9 m/s; 60mmHg -previously 4.8m/s; 94mmHg), moderate pulmonary hypertension.

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 mildly 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 trace tricuspid regurgitation. Velocity consistent with 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 110bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.1
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.7
LVID diastole (cm)	2.9
PW thickness (cm)	0.7
LVID systole (cm)	1.1
FS (%)	62

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	6.6
TR Vmax (m/s)	5.0
TR PG (mmHg)	100

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. The left heart dimensions continue to slightly improve compared to the prior study. The TR velocity remains severely elevated with some progression comparatively. That being said, the right heart/MPA remain largely unremarkable suggesting a mismatch. No clinical signs are noted, and simple monitoring is recommended. No additional issues are identified.

Given these findings, continued Pimobendan as prescribed with no additional medications warranted at this time. Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B1/B2).

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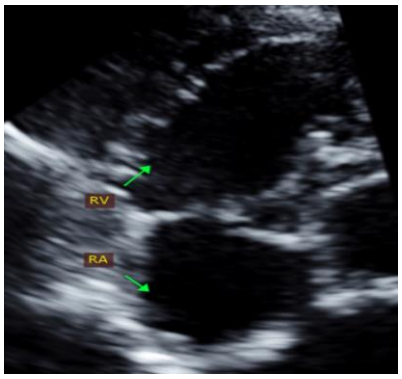
RECOMMENDATIONS

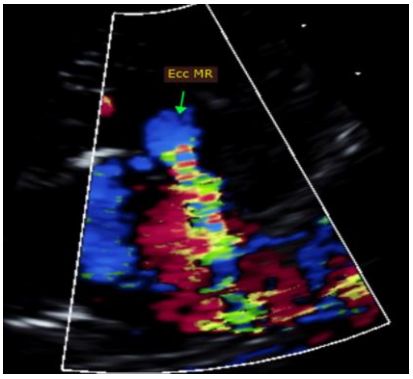
- Continue Pimobendan as previously recommended.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane 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.

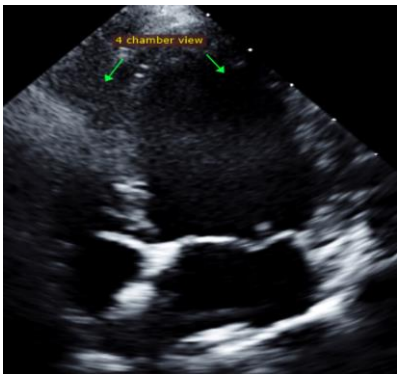
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-9 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)