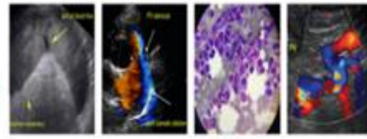
Mass Veterinary Services



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Nugget Trikas

SPECIES
Canine

BREED
Pekingese

SEX
Male Neutered

AGE
14 years

WEIGHT
16.9lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
24919

DATE
6/22/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease with mild MR and moderate-severe TR with moderate pulmonary hypertension. Current presentation: Nugget's cough has diminished significantly. Eating well with normal activity. On exam: NSR, grade IV/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 80 mmHg x 3. Current medications: 1) Sildenafil 20mg 1/2 tab twice a day 2) Diphenoxylate with atropine 2.5mg 1 tab twice a day *Sedated with propofol for study -Pertinent previous echo findings (11/10/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.9 cm; LA:Ao 1.3; LV 2.3 cm; normal LA size; mild MR; moderate-severe TR (4 m/s; 64 mmHg); systolic ventricular septal flattening.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal. Subtle septal flattening in end-systole.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is mildly diffusely thickened with no prolapse into the left atrial lumen. Mild mitral regurgitation.
Aortic valve/aorta: The aortic valve is normal. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: Mild to moderate RV hypertrophy and dilation.
Right atrium: Mild to moderate RA dilation.
Tricuspid valve: The tricuspid valve appears thickened with septal prolapse and moderate to severe tricuspid regurgitation; Velocity consistent with mild to moderate pulmonary hypertension.
Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. MPA and branches are mildly dilated. 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 200bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.3
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.6
LVID diastole (cm)	2.4
PW thickness (cm)	0.6
LVID systole (cm)	1.5
FS (%)	38

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	3.4
TR PG (mmHg)	46

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with slight improvement. The pulmonary pressures are reduced comparatively, with mild improvement in TR and RH enlargement. The left heart disease is stable, and remains mild. No concurrent issues such as systolic dysfunction are noted in this study. Continued assessment of progression in the future will help predict long term prognosis, which is guarded at this stage.

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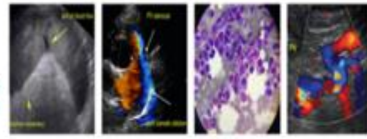

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Given these findings, no change to the current medications is recommended. Cough control should be dictated by clinical signs, which are reportedly improved. Monitor for progressive issues such as exertional collapse or dyspnea.

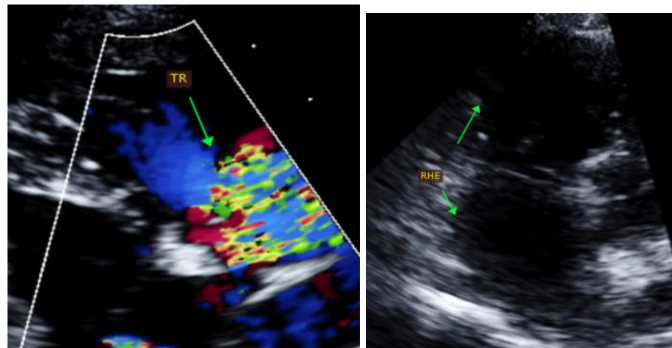
RECOMMENDATIONS

- Continue Sildenafil as prescribed.
- Consider hydrocodone as needed, further respiratory work-up/treatment as needed.
- 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 progressive 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)
info@sonopath.com

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