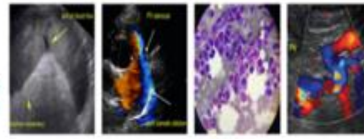


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Bindi Dulude

SPECIES
Canine

BREED
Yorkshire Terrer

SEX
Female Spayed

AGE
11 years

WEIGHT
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
24641

DATE
6/8/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History valvular heart disease - Stage B1 noted on prior echocardiogram 12/15/21 (Carley Saelinger, DVM, DACVIM-Cardiology). Currently, Bindi is doing well overall - occasional cough which may tracheal. Her activity level and appetite remain good. She is beginning to pace more and have anxiety at night for which she is taking gabapentin. On exam today: NSR, grade III/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 100-110mmHg. Medications: 1) Gabapentin 100mg 1/2 capsule at night 2) Trazodone for echo *Sedated with propofol for study.
-Pertinent previous echo measurements: LA 1.76 cm; LA:Ao 1.20; LV 2.27 cm; mild + LAE; moderate MR; trace TR.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with adequate myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately enlarged.
Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. A ruptured chordae tendineae is visualized (see below). 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 indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: Normal RA dimension.
Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity.
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 150bpm.

2-Dimensional Measurements

Measurement	Value
Ao diam (cm)	1.2
LA diam (cm)	2.3
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.65
LVID diastole (cm)	2.3
PW thickness (cm)	0.68
LVID systole (cm)	1.1
FS (%)	52

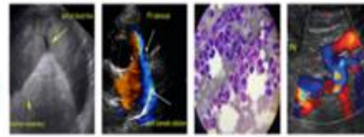
Doppler Measurements

Measurement	Value
PV Vmax (m/s)	0.5
AoV Vmax (m/s)	0.76
MR Vmax (m/s)	4.5
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of progression. The left atrium and MR are increased comparatively, despite a stable LV. Of some concern, a ruptured chordae tendineae is visualized that was not previously noted. That being said, the patient has no reported clinical signs, making this of unknown significance. No additional issues are identified.

Mass Veterinary Services



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Given the combination of issues, Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

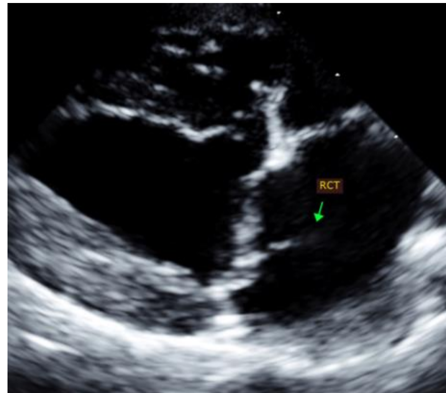
RECOMMENDATIONS

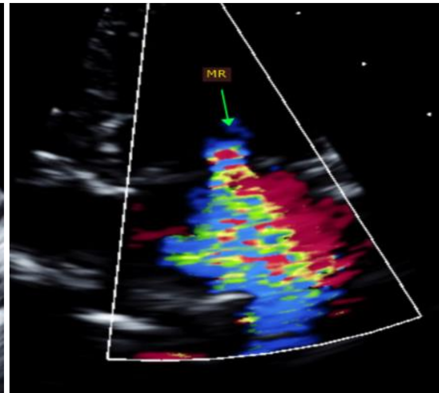
- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, 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)
info@sonopath.com

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