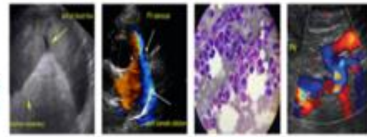
Mass Veterinary Services



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

PATIENT
Ace Bridgemohan

SPECIES
Canine

BREED
Bichon Frise Mix

SEX
Male Neutered

AGE
7 years

WEIGHT
24.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
31761

DATE
7/10/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. History systemic hypertension. Presently, Ace is doing well at home with a good appetite and normal activity level. On exam: NSR , grade III/V murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. Bp: 150-160mmHg. Current medications: 1) Pimobendan/vetmedin 5mg 1/2 tab twice a day 2) Benazepril 5mg 1 tab daily 3) Amlodipine 5mg 1 tab daily 4) Probiotic.
-Pertinent previous echo findings (12/20/22 MML): LA 2.88 cm; LA:Ao 1.72, LV 3.24 cm; mild LVE, moderate LAE, moderate MR, mild TR (2.45 m/s).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is 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 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 RV enlargement.
Right atrium: Mild RA enlargement.
Tricuspid valve: The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Velocity consistent with mild 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 100bpm.

2-Dimensional Measurements

Measurement	Value
Ao diam (cm)	1.6
LA diam (cm)	2.9
LA:Ao (Swe)	1.76
IVS thickness (cm)	0.6
LVID diastole (cm)	3.3
PW thickness (cm)	0.7
LVID systole (cm)	2.2
FS (%)	33

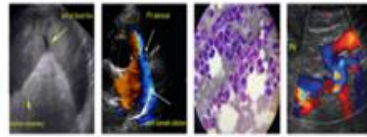
Doppler Measurements

Measurement	Value
PV Vmax (m/s)	0.95
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	5.1
TR Vmax (m/s)	2.9
TR PG (mmHg)	34

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. Quantitatively the TR is increased with development of mild pulmonary hypertension. This is of unknown significance without reported respiratory signs. The left heart appears stable without progressive left heart enlargement. No additional issues have developed.

Given these findings, continue Pimobendan as previously recommended. The reported BP is reasonable given a history of systemic hypertension and Amlodipine/Benazepril appear sufficient. Continued assessment of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (B2).



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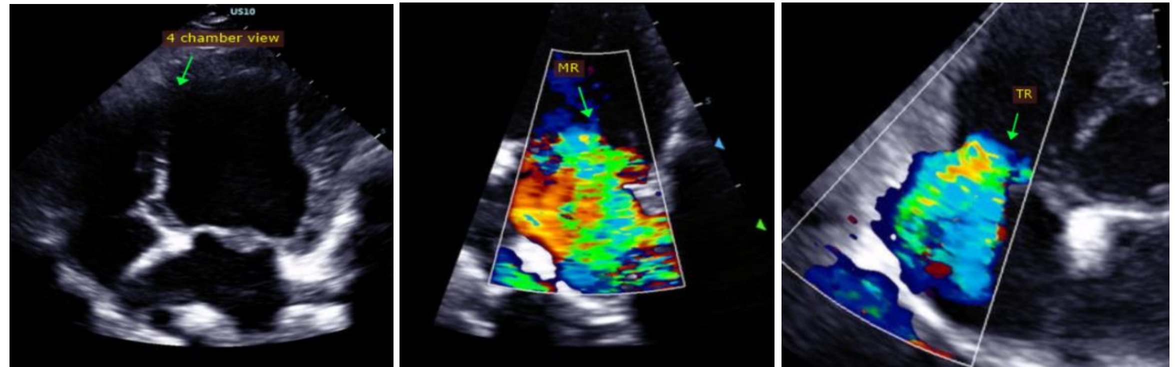
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Continue ACE-I 0.5mg/kg PO q12h.
- Continue Amlodipine as necessary.
- 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 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)