



PATIENT

Koda Caney

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Male Neutered

AGE

7 years

WEIGHT

14lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

31792

DATE

7/11/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. History chemodectoma (2.1 x 1.4 cm). In February Koda had an episode where he was found under a bush, collapsed, very weak and pale, He recovered quickly. He had an episode on July 4th where he cried out loudly and urinated and then was fine the remainder of the day (this was unwitnessed). He has been eating well with normal activity and no current C/S/V/D/PU/PD. He was started on Palladia in June for his heart based mass. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 160 mmHg. Current medications: 1) Cosequin 2) Fish oil 3) Palladia 15mg MWF 4) Proviabie *Sedated with propofol for study. -Pertinent previous echo findings ((1/11/23 MML): LA 2.0 cm; LA:Ao 1.5, LV 2.4 cm; mild LAE, mild MR, no TR

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is borderline increased with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Moderate 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. Uniform echogenicity mass associated with the aortic root; 2.2 x 1.4cm in best viewed cross section. The mass is well encapsulated. No obstruction to blood flow or imposition on cardiac chambers is seen at this time.

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 mild 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 130bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	2.2
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.7
LVID diastole (cm)	2.8
PW thickness (cm)	0.7
LVID systole (cm)	1.9
FS (%)	33

Doppler Measurements

PV Vmax (m/s)	0.52
AoV Vmax (m/s)	1.0
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 moderate mitral and mild tricuspid regurgitation. Compared to the prior study, there is evidence of progression with increased left heart dimensions and development of a small TR. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication; however, risk



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for progression to spontaneous congestive heart failure in the future is elevated. The mass is similar to previous in cross section when comparing similar views, without significant progression or chamber compression. No additional issues are identified.

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Given LA dilation, Pimobendan is recommended as below. 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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These findings do not clearly explain the recent episodes. The mass is unlikely to be related; however, an acute bleed that has since resolved cannot be entirely ruled out.

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RECOMMENDATIONS

- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- If episodes recur/increase, further work up may be warranted (thoracic CT, ECG/holter, etc).
- 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.

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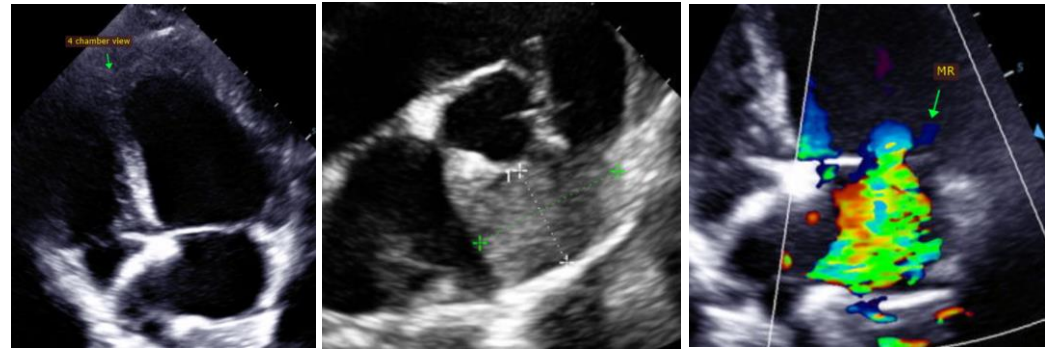
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGING PERFORMED BY
Pamela Harrigan,
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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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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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