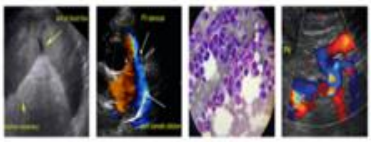
Mass Veterinary Services



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

PATIENT
Phoebe Hatch

SPECIES
Canine

BREED
Mix

SEX
Female Spayed

AGE
6 years

WEIGHT
65.1lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
31779

DATE
7/11/23

PRESENTING CLINICAL SIGNS

History: Phoebe was seen last week at ER for irregular, heavy breathing/panting. This was not observed when she was at rest. Good appetite. A murmur was noted. An TTFAST at ER was suggestive of DCM and she was started on pimobendan and benazepril. History of controlled hypothyroidism. Rare cough when very excited. Owner is restricting exercise. No history of grain free diet. On exam: NSR, grade II/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 220mmHg x 5. Current medications: 1) Pimobendan/vetmedin 1.5 tabs twice a day 2) Benazepril 5mg 2 tabs daily 3) Thyroxine 0.7mg daily *No sedation for study.

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.
Left atrium: The left atrium is normal in dimension.
Mitral valve: The mitral valve is normal with no prolapse into the left atrial lumen. No mitral regurgitation.
Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Slight narrowing of the LVOT (inconsistent). Mildly elevated 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 no tricuspid regurgitation.
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

Ao diam (cm)	2.1
LA diam (cm)	2.8
LA:Ao (Swe)	1.3
IVS thickness (cm)	1.1
LVID diastole (cm)	3.4
PW thickness (cm)	1.0
LVID systole (cm)	2.2
FS (%)	36

Doppler Measurements

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	2.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The only cause of a murmur identified is increased flow velocity through the LVOT/aortic root. Slight narrowing of the LVOT is suspected, which may exacerbate this finding. In the absence of significant structural abnormalities this is considered a benign flow abnormality. Baseline lab work is recommended, as volume changes may lead to this phenomenon. NO significant valve leaks are noted and **LV dimensions and function are normal.**

Given these findings, no medications are indicated and Lasix/ACEI can be safely discontinued. Prognosis is good; however, periodic monitoring is recommended.

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The reported blood pressure is elevated, and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc), as primary disease is relatively uncommon and a rule out diagnosis.

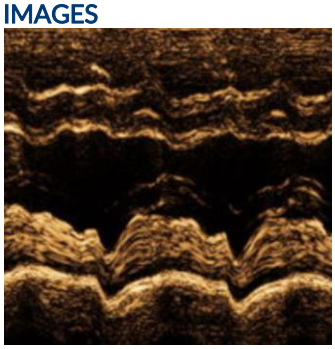
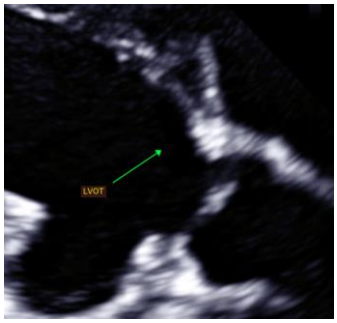
RECOMMENDATIONS

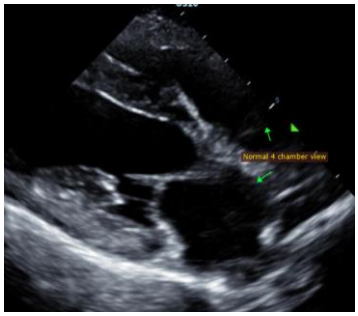
- No cardiac medications are indicated; discontinue pimobendan/Benazepril.
- Reassess BP as discussed.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

Recommend recheck echocardiogram in 12-18 months.

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)