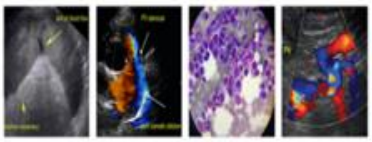
Mass Veterinary Services



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

PATIENT
Cali Romanowski

SPECIES
Canine

BREED
Flat-coated Retriever

SEX
Female Spayed

AGE
8 years

WEIGHT
62.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
25266

DATE
7/12/22

PRESENTING CLINICAL SIGNS

History: Cali was recently noted to have a heart murmur. She has had two events in the past 6 months where she was dazed, panting and unable to stand. She coughs first thing in the morning. Good appetite and activity level. On exam: pronounced sinus rhythm grade II/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 110mmHg x 4. Currently, no medications *Sedated with propofol 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 (considering sedation). LV wall thicknesses are normal.
Left atrium: The left atrium is minimally dilated.
Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild central mitral regurgitation.
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 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 110bpm.

2-Dimensional Measurements

Ao diam (cm)	2.2
LA diam (cm)	2.6
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.1
LVID diastole (cm)	4.0
PW thickness (cm)	1.1
LVID systole (cm)	2.9
FS (%)	28

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. The systolic function is borderline during recovery during sedation; however, this is likely a residual effect. No additional issues are noted in this study.

These findings certainly do not explain reported episodes. The included screening ECG is normal with no obvious dysrhythmias observed. A holter monitor and/or full systemic evaluation may be warranted should the episodes reoccur.

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

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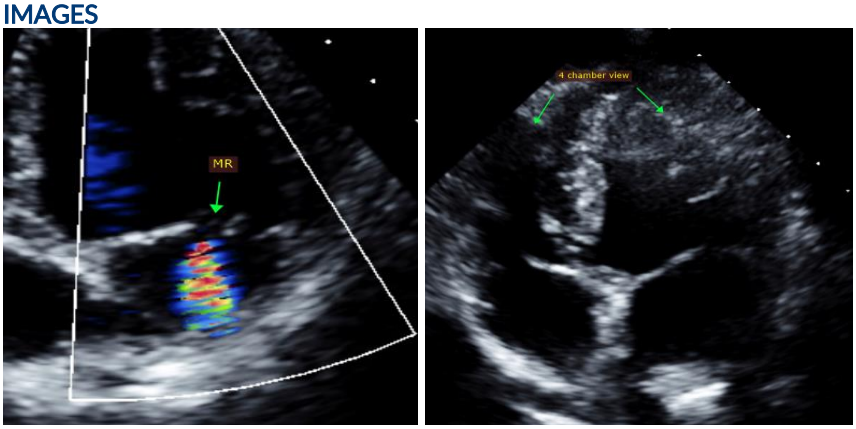
RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Consider holter monitoring as discussed.
- Full systemic screening is advised should the episodes reoccur.
- 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 6-12 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)