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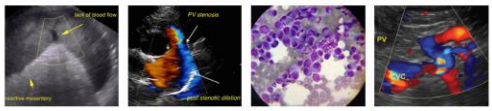

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Duke Watson

SPECIES
Canine

BREED
Terrier Mix

SEX
Male Neutered

AGE
8 years

WEIGHT
16.4lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Eduardo Rodriguez III, RCS

HOSPITAL NAME
Metrowest Vet Associates

REFERRING VET
Dr. Sorbo

INVOICE
31828

DATE
7/13/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease- early CHF noted previously. Presently, Duke is doing well at home. BP: average 205mmHg. Current meds: 1) Pimobendan 2.5mg 1 tab BID, 2) Spironolactone 25mg 1/2-tab SID (12.5mg SID), 3) Furosemide 12.5mg 1/2-tab BID (6.25mg BID), 4) Zonisamide 50mg 1 cap BID (50mg BID).
-Pertinent previous echo findings (1/2023 MML): Severe MR, flail leaflet, mild RHE, marked LAE, mild TR: 2.6m/s. LA: 2.2, LV: 3.3/1.7.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: Significant LV dilation with increased sphericity and hyperdynamic myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium and auricle are markedly dilated with a horizontal component not reflected in LA:Ao.
Mitral valve: Diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Flail anterior leaflet. Severe eccentric mitral regurgitation. Decreased velocity.
Aortic valve/Aorta: The aortic valve is thickened with normal mobility. Mildly elevated aortic outflow velocity; laminar flow. Trace AI.
Right ventricle: Mild RV dilation.
Right atrium: Mild right atrial dilation.
Tricuspid valve: The tricuspid valve appears thickened with mild tricuspid regurgitation. Normal velocity.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal with normal pulmonic outflow velocity. No pulmonic insufficiency.
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)	1.6
LA diam (cm)	3.4
LA:Ao (Swe)	2.3
IVS thickness (cm)	0.7
LVID diastole (cm)	3.7
PW thickness (cm)	0.8
LVID systole (cm)	1.6
FS (%)	57

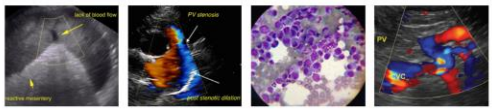
Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	4.4
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. The left heart is slightly increased in dimensions. No pulmonary hypertension has developed with similar right heart findings. A small aortic insufficiency has developed, and the BP should be further evaluated as below. No additional issues are identified.

Given these findings, continue 3 cardiac medications as prescribed. Given a significantly elevated BP, addition of an ACE-I is certainly warranted. Consider screening for



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underlying causes of systemic hypertension. If persistently elevated despite ACE-I therapy, Amlodipine may also be necessary.

The average survival of canine patients once pulmonary edema is diagnosed s 8-9 months on medications; however, they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of renal values is recommended lifelong.

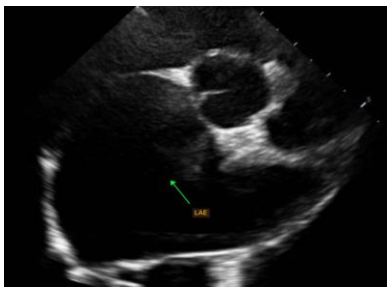
RECOMMENDATIONS

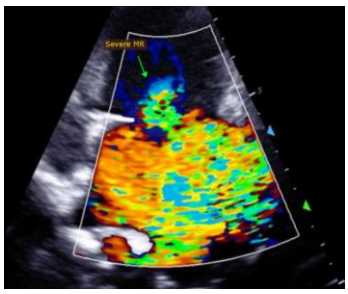
- Continue Pimobendan, Spironolactone and Furosemide as prescribed. ,
- Institute ACE-I 0.5 BID.
- Reassess BP in 1-2 weeks, if persistently >180mmHg, consider addition of Amlodpine, screening of causes, etc.
- Consider Hydrocodone if needed for quality of life.
- Elective anesthesia is not advised.
- Monitor for development of a cough, collapse episodes, significant lethargy in the future. Monitoring of sleeping breathing rates is recommended best way to screen for CHF in the future.

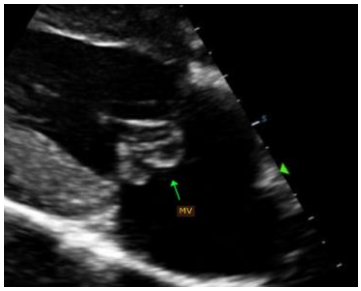
PLAN

- Monitor renal values and BP every 3-4 months on medications.
- A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise in the interim.

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: Eduardo Rodriguez III, RCS
Pet Animal Ultrasound Service (4paus.com)