



PATIENT

Callie McNulty

SPECIES

Canine

BREED

Hound Mix

SEX

Female Spayed

AGE

18 years

WEIGHT

43.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2; history isolated VPCs. Presently, Callie has been slowing down a bit, which is expected considering her age. Her cough has worsened recently with 10-15 coughs per day. She is beginning to have some exercise intolerance. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, no cough with tracheal pressure, mm pink, moist, CRT<2. BP: 200 mmHg x 5. Current medications: Pimobendan/vetmedin 5mg 1 tab twice a day *Sedated with propofol for study.

-Pertinent previous echo findings (5/17/22 MML): LA 3.7 cm, LA:Ao 1.6, LV 4.1 cm; moderate LAE, mild LVE with normal wall thickness, moderate-severe MR, mild TR (2.5 m/s).

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 mildly increased.

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is mildly thickened with mild prolapse into the left atrial lumen. Moderate to severe 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. The aortic root and ascending segment appear prominent.

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 mildly thickened with septal prolapse and 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.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

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2-Dimensional Measurements

Ao diam (cm)	2.3
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	1.1
LVID diastole (cm)	3.5
PW thickness (cm)	1.1
LVID systole (cm)	1.6
FS (%)	45

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	4.0
TR Vmax (m/s)	2.2
TR PG (mmHg)	20

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings appear similar. Moderate mitral and mild tricuspid regurgitation are unchanged with stable LA dilation. Of some concern, the LV does have mild hypertrophy with a dilated aortic root and ascending segment. This is relevant in light of the reported blood pressure. No additional issues have developed.

The reported blood pressure is elevated, which is supported by the echo findings. Assuming the reading is considered to be accurate. Recommend institution of vasodilator therapy, as dictated by Internal Medicine.



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Given these findings, continue Pimobendan is recommended as below. Prognosis is guarded at this stage (B2), with risk for spontaneous CHF, development of arrhythmias, LA tear and/or sudden death going forward.

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The cough is suspected to be due to a combination of mainstem bronchi compression and potentially airway disease in this predisposed breed. Screening CXR, hydrocodone, etc. may be useful.

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RECOMMENDATIONS

- Continue Pimobendan 0.25-0.3mg/kg PO q12h.
- Recommend vasodilator therapy as dictated by IM and further systemic evaluation.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit
- Anesthetic risk is considered moderately elevated. Avoid ketamine, telazol, Dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia (CRI 50–75mcg/kg/min). Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso or sevoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 cage. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Moderate IV fluid restriction is recommended to avoid fluid overload, while considering comorbidities, hydration status, BP, etc.
- 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.

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RDCS

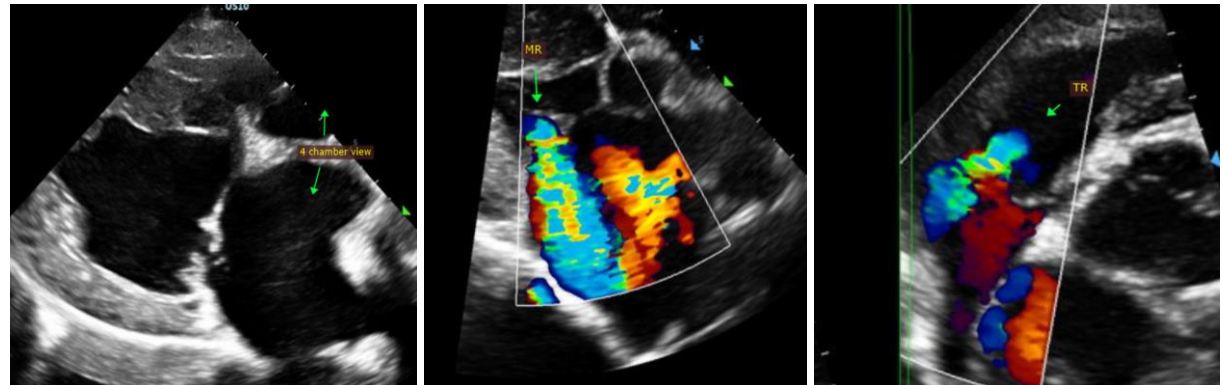
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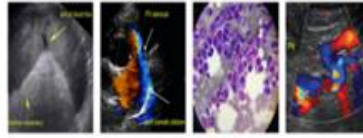
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

SPECIES

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Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

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Echocardiogram performed by:

Pamela Harrigan, RDCS

Pet Animal Ultrasound Service (4paus.com)

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