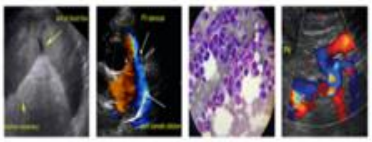
Mass Veterinary Services



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

PATIENT
Bucca Gauthier

SPECIES
Canine

BREED
Mix

SEX
Female Spayed

AGE
7 years

WEIGHT
28.3lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Eduardo Rodriguez III, RCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
31901

DATE
7/18/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, Bucca is doing well at home with no clinical issues. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 140 mmHg x 4. Current medications: 1) Pimobendan/vetmedin 7.5mg 1/3 tab twice a day 2) Diphenoxylate with atropine 2.5mg ----did not start 3) Trazadone 50mg for vet visits 4) Gabapentin 100mg for vet visits *No sedation for study.
-Pertinent previous echo findings (2/21/23 MML): LA 3.3 cm, LA:Ao 1.8, LV 3.3 cm, moderate LAE, mild LVE, moderate MR, trace TR (2.9 m/s; 34 mmHg); mild pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with adequate function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Moderate 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.
Right ventricle: Mild RV enlargement.
Right atrium: Mild RA enlargement.
Tricuspid valve: The tricuspid valve appears normal with mild to moderate double jet of tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow. The MPA and branches are mildly dilated. No obvious adult heartworms are visualized.
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)	1.8
LA diam (cm)	3.1
LA:Ao (Swe)	1.72
IVS thickness (cm)	0.8
LVID diastole (cm)	3.2
PW thickness (cm)	0.8
LVID systole (cm)	2.1
FS (%)	35

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	4.6
TR Vmax (m/s)	3.1
TR PG (mmHg)	38

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is no evidence of progression. The previously noted moderate MR is unchanged with stable left heart dimensions. The pulmonary pressures remain mildly elevated with stable right heart changes. Interestingly, quantitatively the TR has increased despite these findings. No additional issues are identified.

Given these findings, continue Pimobendan as prescribed with continued cough suppression as needed. No obvious indication for Sildenafil in a patient without exertional syncope.

Prognosis remains guarded long-term. Ensuring the heartworm status is negative and remains so going forward is clearly of great importance as well.

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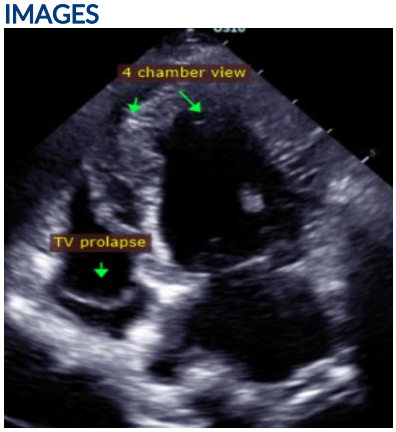
RECOMMENDATIONS

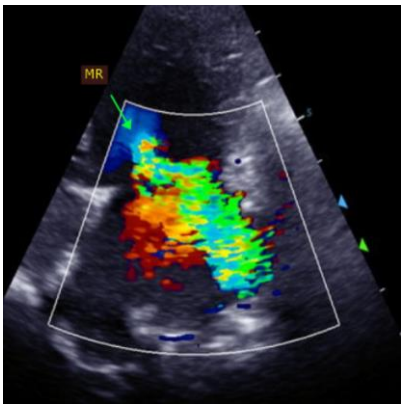
- Continue Pimobendan 0.3mg/kg PO q12h.
- Monitor for signs progressive PAH (exertional dyspnea/collapse).
- If a cough or respiratory signs develop in future, these should be treated aggressively using Hydrocodone, anti-inflammatory Prednisone, etc. as indicated.
- Omega fatty acid supplementation and 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.

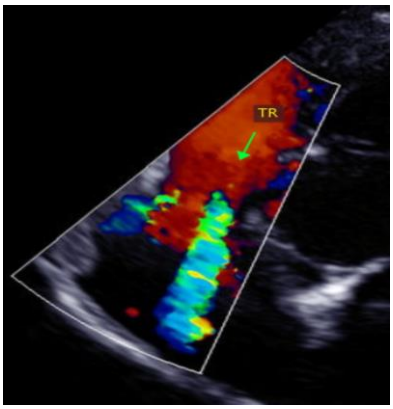
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-9 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: Eduardo Rodriguez III, RCS
Pet Animal Ultrasound Service (4paus.com)