



PATIENT

Bucca Gauthier

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

6 years

WEIGHT

27.1lbs

PRESENTING CLINICAL SIGNS

History: Bucca was adopted from Costa Rica. She was HW positive and was treated. A heart murmur was noted in January. No coughing but does sometimes "clear her throat" after running around playing. Her activity has been a bit slower on walks. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 150-160mmHg. Currently, no medications *No sedation for study.

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 no tricuspid regurgitation.

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 markedly 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 120bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	3.2
LA:Ao (Swe)	1.8
IVS thickness (cm)	1.0
LVID diastole (cm)	3.0
PW thickness (cm)	1.0
LVID systole (cm)	1.2
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	0.95
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	5.5
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. Of equal importance, there is a severely dilated main pulmonary artery, most consistent with prior heartworm infestation and residual pulmonary hypertension. The right heart is only mildly enlarged; however, this should be monitored going forward. No additional issues are identified.

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25559

DATE

7/27/22

Given these findings, Pimobendan is recommended as below. This will have some benefit for pulmonary hypertension as well, although to a lesser extent. Even with changes seen here, no specific medications are indicated for pulmonary hypertension given that the patient is essentially asymptomatic. The best approach to managing these changes is adequate cough control should it arise in the further. Monitor for signs of progressive



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pulmonary hypertension, including exertional dyspnea or syncope. At any point, a Sildenafil trial can be instituted if desired to assess response (i.e., exercise intolerance, change in breathing, etc.). If there is no clinical improvement however, there is no need to continue the medication at that time given a lack of significant changes.

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Prognosis is guarded going forward and monitoring for progression is advised. Ensuring the heartworm status is negative and remains so going forward is clearly of great importance as well.

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RECOMMENDATIONS

- Institute Pimobendan 0.3mg/kg PO q12h.
- If desired, institute Sildenafil trial 1-2mg/kg PO q12h for 2 weeks and assess response.
- 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.

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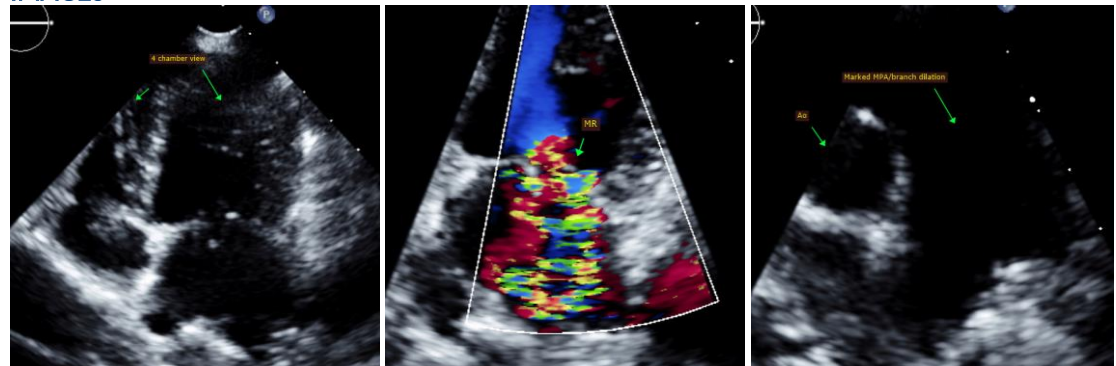
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DACVIM (Cardiology)

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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IMAGES



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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.

BREED

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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