



PATIENT
Roberto Resuce Dogs
Rock NYC

SPECIES
Canine

BREED
Shar Pei Mix

SEX
Male Neutered

AGE
10 years

WEIGHT
66lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary
Services

REFERRING VET
Dr. Masloski

INVOICE
25571

DATE
7/27/22

PRESENTING CLINICAL SIGNS

History: Roberto was rescued from Georgia and is in foster care ~ 1 year. He has a history of being treated for HW in September 2021. He is currently negative for heartworm but does seem to have persistent mass effects noted in his left caudal lung fields. He has been coughing daily. No history of collapse episodes. He has a good appetite with normal activity. On exam: NSR, no murmurs noted, PSS, lung fields clear. BP: 110mmHg x 5. Medications: 1) Gabapentin 300mg 1 capsule three times a day 2) Clonidine 1-2 times a day *Sedated with propofol.

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 normal. Subtle septal flattening in systole.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly diffusely thickened with no prolapse into the left atrial lumen. No mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Moderate RV hypertrophy.

Right atrium: Mild RA dilation.

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. Marked MPA and branch dilation. A soft tissue lesion is identified in the right branch of the pulmonary artery near the bifurcation. The lesion is heterogenous in appearance and suspected to be mildly obstructing flow through the region (see below). Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 130bpm.

2-Dimensional Measurements

Ao diam (cm)	2.3
LA diam (cm)	3.0
LA:Ao (Swe)	1.3
IVS thickness (cm)	1.2
LVID diastole (cm)	2.9
PW thickness (cm)	1.2
LVID systole (cm)	1.4
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.74
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Unusual case. The primary abnormality identified is marked MPA and branch dilation with an atypical soft tissue lesion noted (see below). Rule outs for this type of lesion include a mass/neoplasia, a thrombus or potentially a heartworm embolus given the history. The latter is unusual to see in the absence of an active heartworm infestation; however, the history may support an atypical embolus from residual adult worm material. Whether this is contributing to significant MPA dilation could be debated; however, this is considered less likely with chronic damage from the prior infestation the likely cause. The right heart is mild to moderately enlarged supporting some degree of pressure overload/pulmonary hypertension suspected to be moderate to severe in this case. No additional issues are clearly identified in this study.

Given these findings, there are two ways to proceed. First, would be to simply monitor the lesion and treat symptomatically for the cough as this patient likely has chronic lower



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airway disease which should be medically managed. An alternative would be to refer to a local Cardiologist for advanced evaluation to determine if attempting extraction or at minimum biopsy of the lesion may be beneficial for the patient. My main concern is if this is truly an atypical embolus, dislodgement may be fatal in the future. In a rescue case, monitoring is reasonable; however, all possibilities should be considered. Regardless, utilizing Sildenafil is recommended, in addition to cough therapy as below.

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Mild activity restriction is advised.

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Prognosis is guarded long-term, as patients with this degree of MPA enlargement can certainly experience debilitating clinical signs as they age. There is risk for sudden death in this case as well which should be expressed to the care-taker.

SEX

Male Neutered

RECOMMENDATIONS

- Institute Sildenafil trial 1-2mg/kg PO q8h.
- Consider referral as discussed.
- Institute cough therapy including but not limited to Hydrocodone, anti-inflammatory Prednisone, a course of Baytril, theophylline, etc.
- Monitor for signs progressive PAH (exertional dyspnea/collapse).
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised in this patient.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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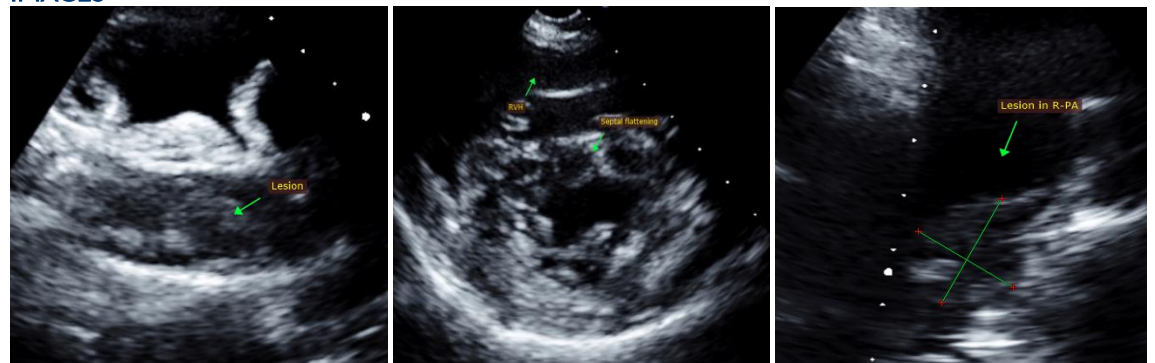
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PLAN

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

IMAGES



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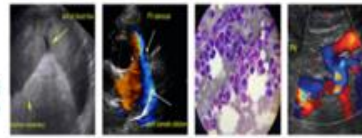
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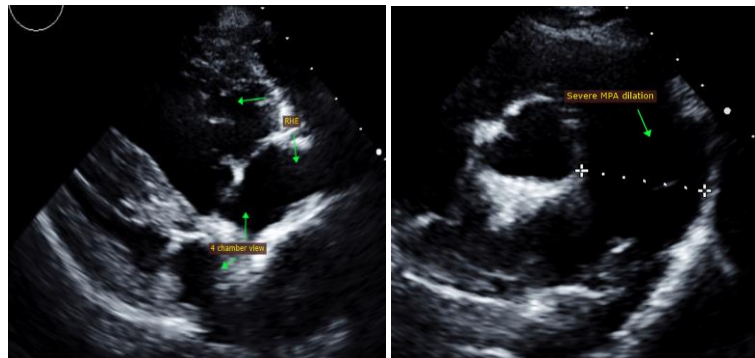
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)