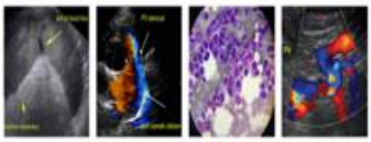
Mass Veterinary Services



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

PATIENT
Sully Crowley

SPECIES
Canine

BREED
Lhasa Apso Mix

SEX
Male Neutered

AGE
14 years

WEIGHT
20lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
25574

DATE
7/27/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Current presentation: Sully still coughs but less -1 to 2 times a day when he first gets up. He is still hiking with the family, eating well. On exam: NSR , grade IV/VI murmur with PMI left apical area radiating to right, occasional split S2 noted, PSS, lung fields clear, no cough with tracheal palpation. BP: 160mmHg x No cardiac medications. *No sedation for study.
-Pertinent previous echo findings 96/29/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.2 cm; LA:Ao 1.2; LV 3.3 cm; mild LAE; mild-moderate MR/TR; TR Vmax 2.7 m/s.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with adequate myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is diffusely thickened with mild 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: Normal right ventricular diameter and morphology.
Right atrium: Normal RA dimension.
Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension
Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	3.0
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.6
LVID diastole (cm)	3.8
PW thickness (cm)	0.6
LVID systole (cm)	1.5
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	0.72
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	6.2
TR Vmax (m/s)	2.8
TR PG (mmHg)	32

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of progression. Previously mild LA and LV dilation are now moderate with an increase in MR quantity. Mild pulmonary hypertension has also developed. This is concerning for progressive issues going forward, and Pimobendan is warranted at this juncture. In an asymptomatic dog no additional medications are clearly indicated at this time, however close monitoring at home is advised. Prognosis is guarded at this stage (late B2), with risk for spontaneous CHF, development of arrhythmias, LA tear and/or sudden death going forward.

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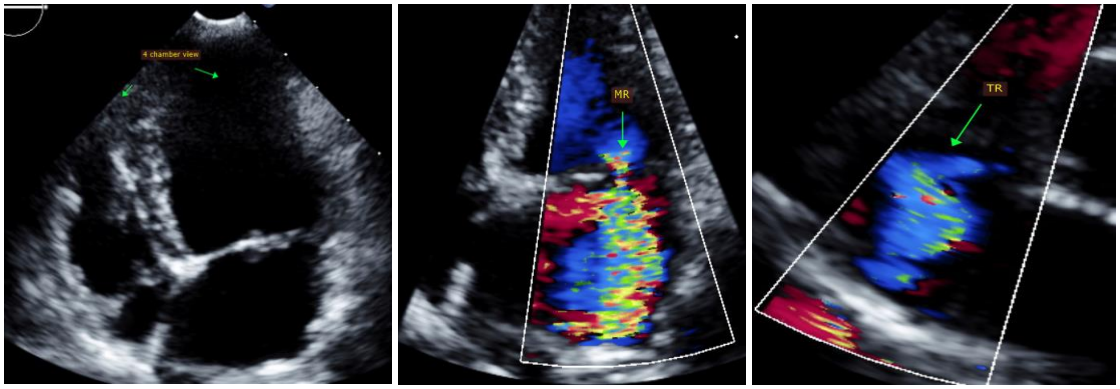
RECOMMENDATIONS

- Institute Pimobendan 0.2-0.3mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, anesthetic risk is considered mildly elevated. 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. Monitoring of sleeping breathing rates is recommended to screen for CHF at home.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 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: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)