



PATIENT

Beans Pitkin

SPECIES

Canine

BREED

Boston Terrier

SEX

Female Spayed

AGE

12 years

WEIGHT

15.25lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25135

DATE

7/5/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Beans had two collapse episodes related to exercise starting in June. Was also diagnosed with systemic hypertension (BPs in the 200s). The Pimobendan was increased. Amlodipine was started. She is presently doing very well with a good activity level (enjoys her kiddie pool). Her appetite is good. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 160-170 mmHg. Current medications: 1) Pimobendan 3.75mg 1/2 tab three times a day 2) Enalapril 2.5mg 1.5 tabs twice a day 3) Amlodipine 2.5mg 1 tab daily *No sedation -Pertinent previous echo findings (12/14/21 Scott Forney, DVM, DACVIM-Cardiology): LA 2.37 cm; LA:Ao 1.77; LV 2.66 cm; mild LAE; moderate MR; Mild-moderate TR (3.05 m/s; 37 mmHg); mild pulmonary hypertension. (echo prior - 5/5/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology)

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: No left ventricular dilation. The systolic dysfunction is adequate. LV wall thicknesses are normal.
Left atrium: Mild to moderate left atrial enlargement.
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. Mild to moderate aortic insufficiency, max velocity: 4.0m/s.
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 appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.
Pulmonic 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 180bpm.

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	2.5
LA:Ao (Swe)	1.8
IVS thickness (cm)	1.0
LVID diastole (cm)	2.5
PW thickness (cm)	1.0
LVID systole (cm)	1.2
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	0.75
AoV Vmax (m/s)	1.8
MR Vmax (m/s)	6.0
TR Vmax (m/s)	3.3
TR PG (mmHg)	45

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is no obvious evidence of progression. Moderate mitral and mild tricuspid regurgitation are similar to previous without progression in left heart dimensions. This is compared to both 2021 studies that are available. Mild pulmonary hypertension is similar to previous, and the aortic leak remains stable.

Given these findings, continue medications as currently prescribed. The blood pressure is reasonable for a dog with systemic hypertension and serial monitoring remains advised. Assessment of progression in the future will help predict long term outcome, however



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prognosis remains guarded at this stage (B2). Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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RECOMMENDATIONS

- Continue Pimobendan and Enalapril and Amlodipine as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is moderately elevated 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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PLAN

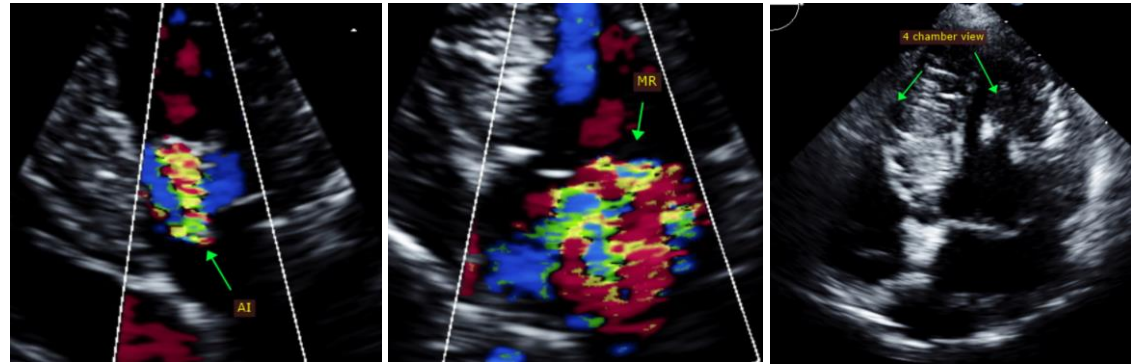
- A recheck echocardiogram is recommended in 6 months, sooner if clinical issues arise in the interim.

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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.

REFERRING VET

Dr. Masloski

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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DATE

7/5/22

Echocardiogram performed by:

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