



PATIENT

Jake Sophinos

SPECIES

Canine

BREED

Maltese Mix

SEX

Male Neutered

AGE

9 years

WEIGHT

27.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25162

DATE

7/6/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. History Cushing's disease. History PLN. Current presentation: Jake is currently doing very well at home with a good appetite and improved activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 140-150mmHg. Current medications: 1) Pimobendan/vetmedin 7.5mg 1/2 tab twice a day 2) Enalapril 10mg 1 tab am with 1/2 tab pm 3) Trilostane/vetoryl 10mg 1 capsule twice a day with one 5mg capsule in am 4) Spironolactone 25mg 1/2 tab twice a day 5) Plavix/clopidogrel 75mg 1/2 tab daily 6) Losarten 50mg 1/2 tab daily *No sedation for study.
-Pertinent previous echo findings (1/18/22 Carley Saelinger, VMD, DACVIM-Cardiology): LA 3.2 cm; LA:Ao 2.00; LV 3.88 cm; Severe LAE; severe LVE; severe MR; trace TR (3.5 m/s; 50 mmHg); moderate pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with hyperdynamic function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderate to severely dilated.
Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate to severe 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. Trace aortic insufficiency.
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 trace 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.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 100bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	3.0
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.7
LVID diastole (cm)	3.8
PW thickness (cm)	0.7
LVID systole (cm)	1.8
FS (%)	53

Doppler Measurements

PV Vmax (m/s)	0.99
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	6.1
TR Vmax (m/s)	3.0
TR PG (mmHg)	36

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with overall stability. MR and TR are unchanged with no progression in left heart dimensions. Pulmonary pressures are stable to slightly improved and no additional issues are identified.



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Given these findings, reasonable to continue all medications as prescribed. Continued assessment of progression in the future will help predict long term outcome, however prognosis remains guarded at this stage (late B2).

SPECIES
Canine

RECOMMENDATIONS

- Continue Pimobendan, Spironolactone and Enalapril as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elected anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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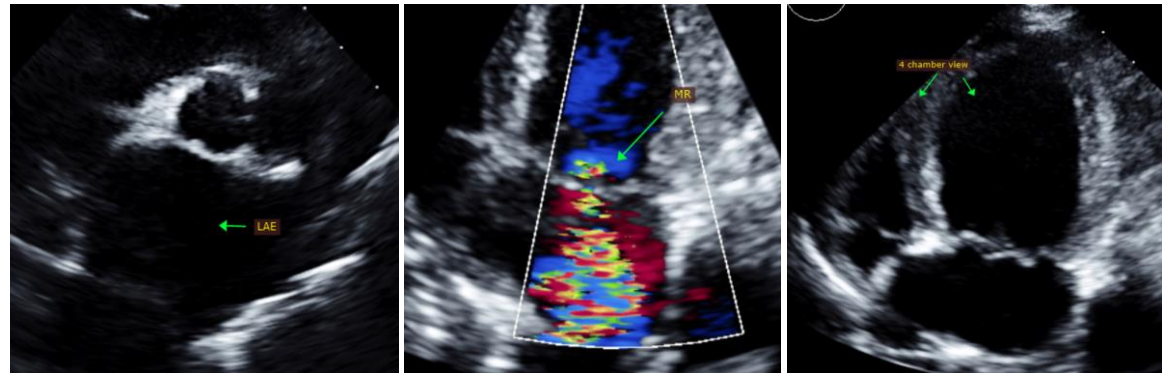
PLAN

- Recheck lab work every 4-6 months life-long
- 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.

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

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.

HOSPITAL NAME
Mass Veterinary Services

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REFERRING VET
Dr. Masloski

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

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