



**PATIENT**

Rebel Mitchell

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Male Neutered

**AGE**

11 years

**WEIGHT**

35.9lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

25172

**DATE**

7/6/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Rebel does not consistently eat. When he does not eat, the family takes him off the pimobendan for a few days and starts him on table food. He seems to recover his appetite after this ritual for a few days. Reduced activity level and he seems to be losing some hearing. Some diarrhea since starting the pimobendan. Owner tried name brand pimo, compounded pimo and liquid pimo---all with the same results. Prescribed as: Pimobendan/vetmedin 5mg 1 tab twice a day. On exam today: NSR, grade IV/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 150mmHg x 5.  
-Pertinent previous echo findings (5/25/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.9 cm; LA:Ao 1.7; LV 3.9 cm; moderate LAE; mild LVE; moderate MR; trace TR (1.7 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 mildly thickened with no 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. Mildly elevated aortic outflow velocity; laminar flow. No 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 mild tricuspid regurgitation. Velocity consistent with early 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.

**2-Dimensional Measurements**

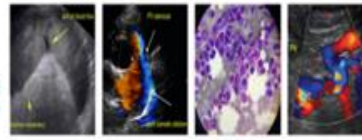
Ao diam (cm)	1.9
LA diam (cm)	3.5
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.8
LVID diastole (cm)	4.2
PW thickness (cm)	0.8
LVID systole (cm)	2.5
FS (%)	40

**Doppler Measurements**

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	5.9
TR Vmax (m/s)	2.9
TR PG (mmHg)	35

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with evidence of slight progression. Moderate mitral regurgitation is unchanged; however, the left heart is mildly increased comparatively. Additionally, mild pulmonary hypertension has developed. No additional issues are identified.



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Given these findings, it is reasonable to continue Pimobendan going forward. This medication is for long-term benefit and should be continued if able. Consider use of an appetite stimulant, such as Entyce as an alternative approach. No obvious indication for additional medications at this time.

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Prognosis is guarded at this stage (B2), with risk for spontaneous CHF, development of arrhythmias, LA tear and/or sudden death going forward.

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**RECOMMENDATIONS**

- Continue Pimobendan as prescribed.
- Consider appetite stimulant as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- 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.

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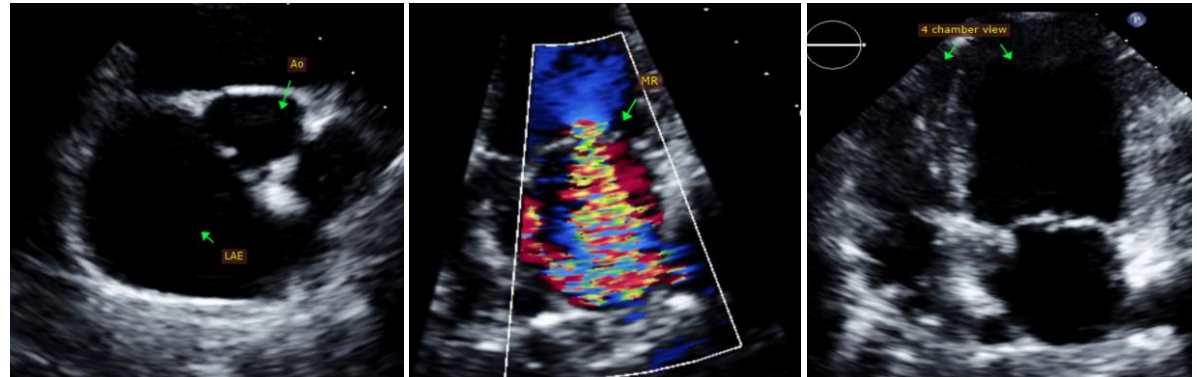
**PLAN**

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

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**IMAGES**



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**SonoPath**  
Clinical Sonography & Telectology  
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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**

Cocker Spaniel

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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

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