

PATIENT

Bella Bruscoe

SPECIES

Canine

BREED

Maltese

SEX

Female Spayed

AGE

11 years

WEIGHT

9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

20445

DATE

8/10/21

PRESENTING CLINICAL SIGNS

History: Bella was noted to have cardiomegaly in July. Bella was seen at ER for a collapse episode with congestive heart failure (rads: CXR--- mild cardiomegaly; diffuse interstitial-alveolar pattern; distended pulmonary vasculature). She was started on pimobendan and Lasix at that time She has been doing much better since starting on the medications. She is presently eating well with no noted C/S/V/D. Bella is a bit PU/PD with the Lasix. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 130mmHg.
-Current medications: 1) Pimobendan/vetmedin 1.25mg 1 tab twice a day 2) Lasix/furosemide 12.5mg 1 tab twice a day.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: Normal LV diameter with adequate function. LV wall thicknesses are normal.

Left atrium: The left atrium is mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with marked prolapse into the left atrial lumen. No obvious ruptured chord visualized. 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 indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears thickened with septal prolapse and mild tricuspid regurgitation. Normal velocity.

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.

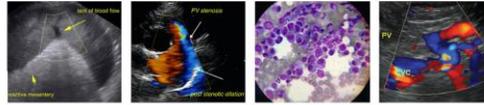
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

2-Dimensional Measurements

| | |
|--------------------|------|
| Ao diam (cm) | 1.1 |
| LA diam (cm) | 1.66 |
| LA:Ao (Swe) | 1.5 |
| IVS thickness (cm) | 0.49 |
| LVID diastole (cm) | 1.9 |
| PW thickness (cm) | 0.50 |
| LVID systole (cm) | 0.7 |
| FS (%) | 63 |

Doppler Measurements

| | |
|----------------|-----|
| PV Vmax (m/s) | 0.8 |
| AoV Vmax (m/s) | 1.0 |
| MR Vmax (m/s) | 5.0 |
| TR Vmax (m/s) | 2.5 |
| TR PG (mmHg) | 25 |



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INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and mild tricuspid regurgitation. Mild left atrial enlargement typically indicates there is relatively low risk for imminent complication. That being said, the degree of valve prolapse is marked, making a ruptured chordae tendineae possible given the history (not always apparent on 2D ultrasound). No additional issues are identified.

With mild left atrial enlargement, the risk for CHF is low; however, there is some concern for an acute change such as a ruptured chordae tendineae in this case. If not already done, consider Radiologist review of the prior films to further evaluate the likelihood of this possibility. Assuming pulmonary edema is suspected, the patient responded to Lasix therapy, and it is reasonable to continue in addition to Pimobendan going forward with addition of an ACE-I. The dose of Lasix is quite high for this body size and can be decreased as below. Hydrocodone can be utilized if needed for quality of life.

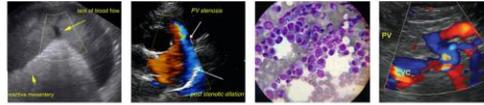
Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage.

RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Decrease Lasix to 6.25mg PO q12h.
- Consider Radiologist review of the films as discussed. Assuming pulmonary edema is suspected:
 - Institute ACE-I 0.5mg/kg PO q12h.
 - Consider Hydrocodone if needed for quality of life.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered moderate 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.

PLAN

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



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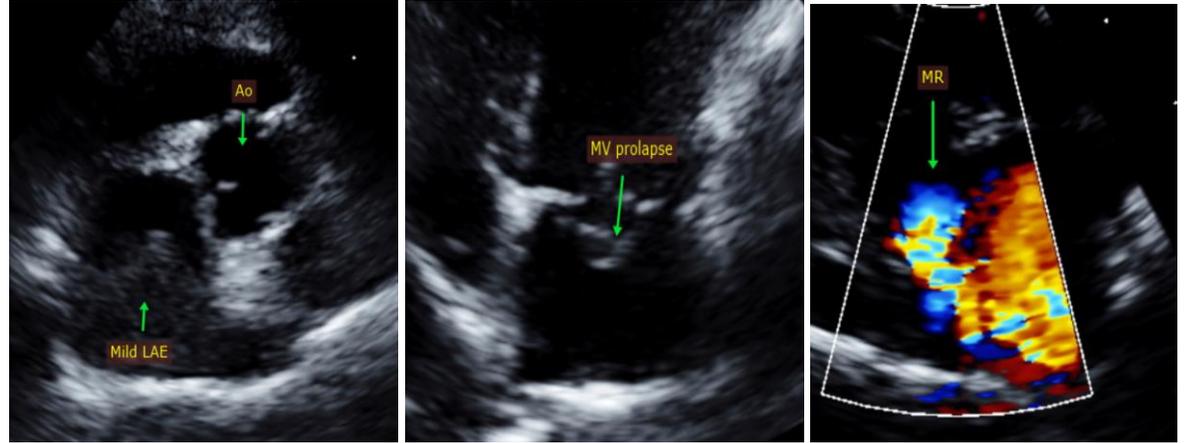
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IMAGES



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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.

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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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

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

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

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

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