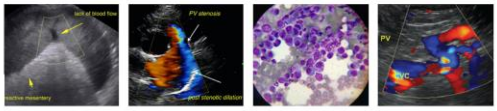
Mass Veterinary Specialty Services
1-413-734-1292



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Phoebe Skovera

SPECIES
Canine

BREED
Papillion Mix

SEX
Female Intact

AGE
13 years

WEIGHT
5lbs

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
20474

DATE
8/11/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Phoebe has been doing well at home with occasional cough. She does sneeze occasionally but no nasal discharge. She had an isolated episode of rapid breathing that resolved with an extra 1/2-tab Lasix. She was started on Lasix in June due to some pulmonary edema noted on chest films. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 100mmHg x 5.
-Current medications: 1) Pimobendan/vetmedin 1.25mg 1/2 tab twice a day 2) Lasix/furosemide 12.5mg 1/2 tab daily 3) Meloxicam/metacam 1.5mg/ml prn.
-Pertinent previous echo findings (1/20/21 MML): LA 2.1 cm; LA:Ao 1.8; LV 2.6 cm; severe MR; moderate LAE; LVE. *No sedation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is increased with hyperdynamic function. LV wall thicknesses are normal.
Left atrium: The left atrium is severely dilated.
Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. 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 normal with no tricuspid regurgitation.
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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	2.3
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.42
LVID diastole (cm)	2.5
PW thickness (cm)	0.42
LVID systole (cm)	1.3
FS (%)	48

Doppler Measurements

PV Vmax (m/s)	0.3
AoV Vmax (m/s)	0.86
MR Vmax (m/s)	5.1
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of mild progression. Severe mitral regurgitation is unchanged; however, the LA dimension is increased, and the

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degree of mitral valve prolapse has progressed. No evidence of pulmonary hypertension or additional issues at this time.

Given these findings and addition to a history of pulmonary edema, continued lifelong cardiac support is recommended. Recommend Lasix be utilized twice daily, particularly given residual clinical signs. In addition, Spironolactone is also recommended. Do not utilize ACE-I given relative hypotension.

Continued assessment of progression in the future will help predict long term outcome, however prognosis is poor long-term in this phase of disease (stage C). Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

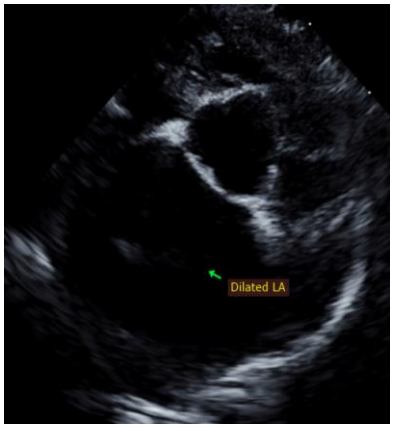
RECOMMENDATIONS

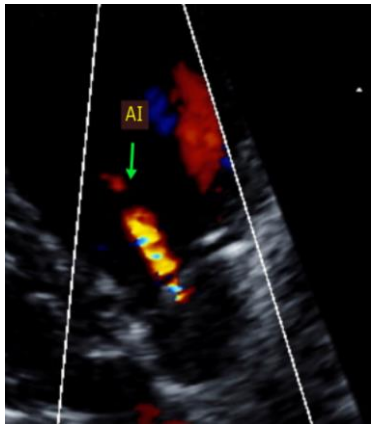
- Continue Pimobendan as prescribed.
- Split Lasix BID: Administer 3.125mg PO q12h. If difficult to score, consider liquid solution (10mg/ml).
- Institute Spironolactone 6.25mg PO q24h due to small patient size.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised.

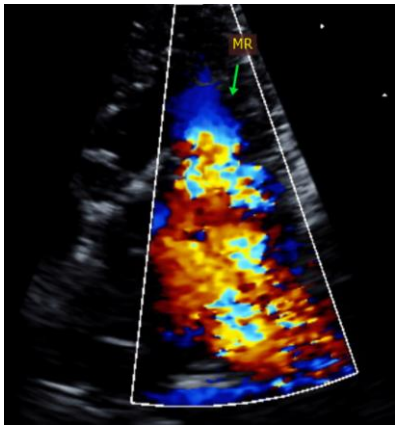
PLAN

- A renal panel is recommended every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES







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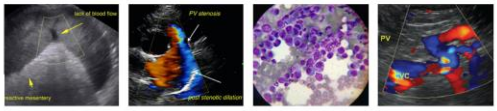

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)