PAUS
Pet Animal Ultrasound Service
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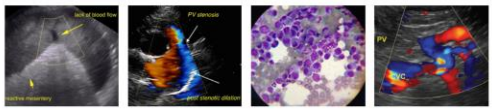


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Otis Neill

SPECIES
Canine

BREED
Boston Terrier

SEX
Male Neutered

AGE
14 years

WEIGHT
22lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wood River Animal Hospital

REFERRING VET
Dr. Schuelke

INVOICE
25746

DATE
8/12/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Currently doing well at home. Grade lll/Vl systolic murmur, new.
-Pertinent previous echo findings (1/28/22 Scott Forney DVM, DACVIM-Cardiology); LA 2.73 cm; LA: Ao 1.58; LV 2.42 cm; normal LA size, mild MR, moderate TR (3.1 m/s; 38 mm Hg), borderline mild pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: Decreased LV dimension with increased wall thickness. Adequate myocardial function.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is mildly thickened with mild prolapse into the left atrial lumen. Mild 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 aortic insufficiency.
Right ventricle: Normal right ventricular diameter and morphology.
Right atrium: Normal RA dimension.
Tricuspid valve: The tricuspid valve appears thickened with mild septal prolapse and moderate 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.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	1.9
LA:Ao (Swe)	1.14
IVS thickness (cm)	1.0
LVID diastole (cm)	2.6
PW thickness (cm)	1.0
LVID systole (cm)	1.3
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NM
TR Vmax (m/s)	2.8
TR PG (mmHg)	32

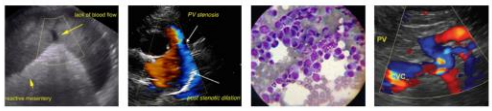
INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with overall stability. The left heart appears similar to what is described previously without significant chamber enlargement. That being said, the LA and LV do appear volume contracted, and baseline lab work is strongly recommended. A small aortic leak is noted, and systemic hypertension can also have this appearance; a blood pressure is strongly advised. Moderate tricuspid regurgitation is unchanged with stable early pulmonary hypertension. No additional issues are identified. .

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Baseline lab work and BP are strongly recommended.



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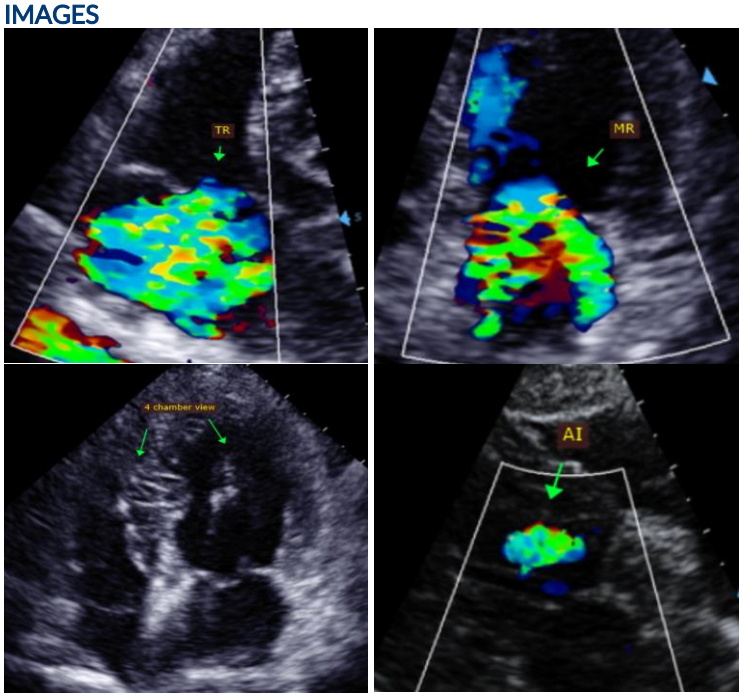
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 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.

IMAGES



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

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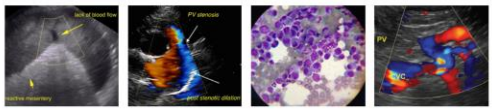

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