



PATIENT

Georgie Wesson

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

9 years

WEIGHT

16.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

32351

DATE

8/14/23

PRESENTING CLINICAL SIGNS

History: Georgie is referred to evaluate a heart murmur. She is being rehomed due to family circumstances. She is presently doing well with a good appetite and activity level. She was coughing but that has lessened with the medications which were started in July when she was seen at rDVM for coughing and with cardiomegaly noted on radiographs. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 130-140 mmHg. Current medications: 1) Pimobendan/vetmedin 2.5mg 1 tab twice a day 2) Lasix/furosemide 12.5mg 1 tab twice a day 3) CADI prn *No sedation for study.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 85bpm (range 68-100bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. Frequent isolated APCs are seen throughout; singles only. No VPCs, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus bradycardia with respiratory variation. Isolated APCs.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with 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. Normal aortic outflow velocity; laminar flow. Mild 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)	1.7
LA diam (cm)	2.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.7
LVID diastole (cm)	2.8
PW thickness (cm)	0.8
LVID systole (cm)	1.4
FS (%)	51

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	5.9
TR Vmax (m/s)	3.0
TR PG (mmHg)	36

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing moderate mitral and mild tricuspid regurgitation. Lack of significant left atrial enlargement indicates the



PATIENT
Georgie Wesson

current risk for complication is low. Mild pulmonary hypertension is noted which should be monitored going forward in a coughing dog. No additional issues are identified.

SPECIES
Canine

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1/B2).

BREED
Cavalier

Given these findings, it is reasonable to continue Pimobendan as prescribed. No obvious indication for Lasix therapy as congestive heart failure is considered unlikely and this can be safely discontinued. The cough is non-cardiac in origin and other possibilities should be considered. Repeat CXR may be warranted if the symptom persists.

SEX
Female Spayed

APCs are noted throughout the ECG. While single beats are seen, the frequency is of some concern. These may develop secondary to structural disease; however, screening for systemic issues is recommended. No treatment is recommended for what is seen here.

AGE
9 years

RECOMMENDATIONS

- Discontinue Lasix as discussed.
- Continue Pimobendan as prescribed.
- Consider systemic evaluation due to APCs.
- Consider primary respiratory cause of coughing.
- 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.

WEIGHT
16.5lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

PLAN

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

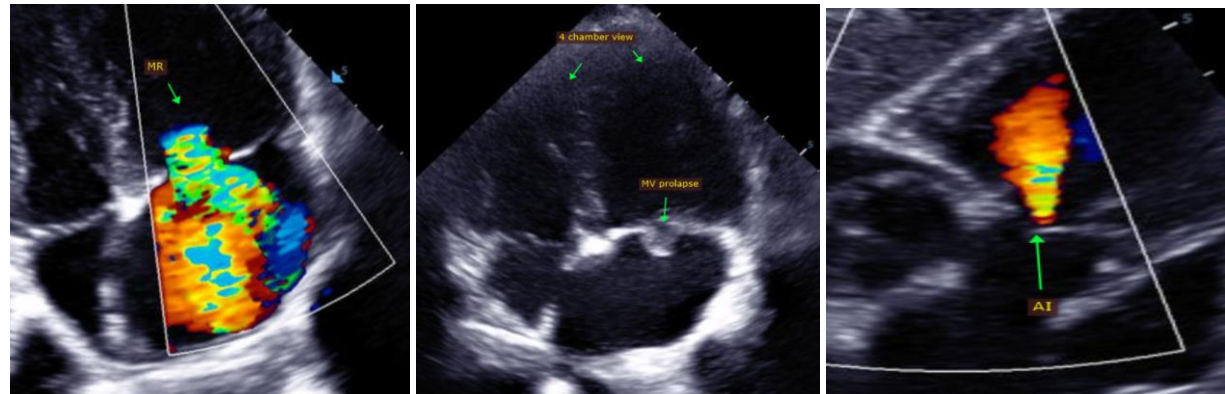
HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
32351

DATE
8/14/23

IMAGES





Mass Veterinary
Services



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

PATIENT

Georgie Wesson

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

9 years

WEIGHT

16.5lbs



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)

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

32351

DATE

8/14/23