



PATIENT

Hunter Standish

SPECIES

Canine

BREED

Beagle

SEX

Male Neutered

AGE

9 years

WEIGHT

39.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1/B2. Presently, Hunter is doing well. He is eating well and likes to go for walks, although he is becoming a bit weak in the hind limbs. He does have some pica noted. Elevated hepatic enzymes; somewhat PU/PD. His medication has been changed from carprofen to gabapentin for his hips. Recently diagnosed with hypothyroidism. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: > 300 mmHg x 5. Current medications: 1) Pimobendan 5mg 1 1/4 tabs twice a day 2) Denamarin 425mg 1 tab daily 3) Thyroxine 0.4mg 1 tab twice a day Plan: dispense amlodipine 2.5mg 1/2 tab twice a day *No sedation for study.
-Pertinent previous echo findings (3/30/21 MML): LA 3.0 cm; LA:Ao 1.1; LV 3.0 cm; mild LAE, mild-moderate MR, no TR.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Trace central mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly elevated outflow velocity; laminar flow. Mildly dilated aortic root. 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 normal with no tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trivial 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 90bpm.

2-Dimensional Measurements

Ao diam (cm)	2.5
LA diam (cm)	2.5
LA:Ao (Swe)	1.0
IVS thickness (cm)	1.0
LVID diastole (cm)	2.6
PW thickness (cm)	1.1
LVID systole (cm)	1.0
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	1.6
AoV Vmax (m/s)	2.0
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

32345

DATE

8/14/23

INTERPRETATION OF THE FINDINGS

Unusual case. Compared to the prior study, the patient does appear volume contracted with development of significant systemic hypertension. This is supported by a dilated aortic root and mild aortic valve insufficiency. What is unexpected is the mitral regurgitation has essentially resolved with a trace leak persisting. The LA and LV dimensions are decreased, and lab work should be considered. No additional issues have developed.



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Given these findings, recommend discontinue Pimobendan at this time. No additional medications are indicated at this time.

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Assessment of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (B1).

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Amlodipine was dispensed for systemic hypertension. Follow up and treatment should be dictated by IM.

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RECOMMENDATIONS

- Discontinue Pimobendan.
- Continue Amlodipine with further evaluation as dictated by IM.
- Baseline lab work recommended depending on the timeframe
- 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.

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PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

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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

Beagle

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

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