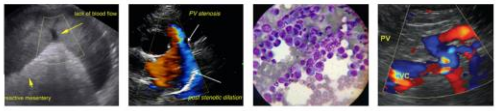
Mass Veterinary Specialty Services
1-413-734-1292



SonoPath
Clinical Sonography & Telecytology
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PATIENT

Rafa Dordonaro

SPECIES

Canine

BREED

CKCS

SEX

Male Neutered

AGE

8 years

WEIGHT

18.3lbs

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

20581

DATE

8/17/21

PRESENTING CLINICAL SIGNS

History: Rafa was noted to have a heart murmur in July when he was seen for anorexia. He has been coughing daily since May. The cough occurs at all hours of the day with no routine. The family has also noted some labored breathing when Rafa is sleeping. His appetite is good at this point, but he has lost weight over the year. His activity level has also declined a bit.
CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, no cough with tracheal pressure. BP: 120mmHg x 4. No medications. *No sedation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: Mild LV dilation with hyperdynamic function. LV wall thicknesses are normal.
Left atrium: The left atrium is severely enlarged and bulbous in appearance.
Mitral valve: Diffuse thickening of mitral valve leaflets (anterior> posterior) with prolapse into the left atrial lumen. Severe mitral regurgitation. Normal velocity.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. No AI. Normal LVOT velocity.
Right ventricle: Normal RV dimension. No obvious RVH.
Right atrium: Mild atrial dilation.
Tricuspid valve: The tricuspid valve appears thickened with minimal septal prolapse. Mild tricuspid regurgitation. Velocity consistent with mild to moderate pulmonary hypertension.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal with normal pulmonic outflow velocity. No pulmonic insufficiency.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	3.6
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.65
LVID diastole (cm)	4.4
PW thickness (cm)	0.65
LVID systole (cm)	2.3
FS (%)	49

Doppler Measurements

PV Vmax (m/s)	0.55
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.2
TR Vmax (m/s)	3.4
TR PG (mmHg)	47

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Severe LA dilation indicates the risk for spontaneous congestive heart failure is high going forward. Pulmonary hypertension is noted which is likely secondary to chronic LA pressure elevation. No additional issues such as systolic dysfunction is identified.

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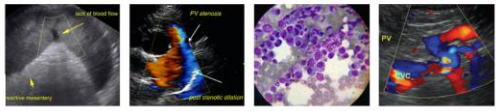

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In light of a reported clinical signs and severity of disease on echocardiogram, there is concern for early congestive heart failure. Institution of full cardiac supportive medications is recommended as below including low-dose Lasix therapy. Hydrocodone should also be considered for quality of life for any mechanical component. Baseline CXR are recommended.

The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

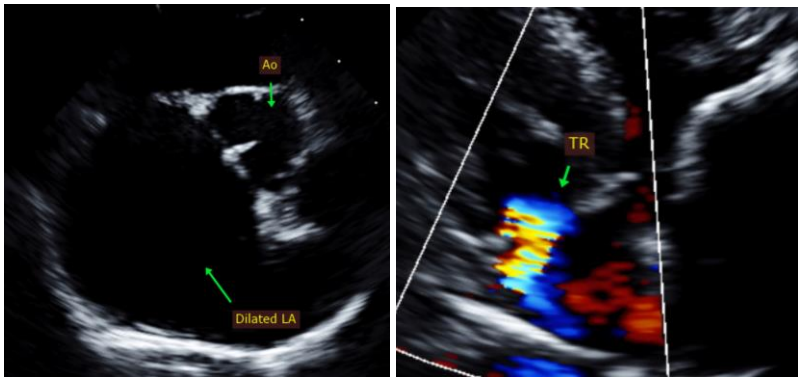
RECOMMENDATIONS

- Administer Furosemide 1mg/kg PO q12h.
- Administer Pimobendan 0.3mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Pending response, consider hydrocodone with homatropine 0.2-0.4mg/kg up to q4-6 hours PRN for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
-

PLAN

- Monitor renal values and BP in 1-2 weeks. If BP >130mmHg, institute ACEI 0.5mg/kg PO q12h. Monitor renal panel/BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 4-6 months, sooner if any development of clinical signs.

IMAGES



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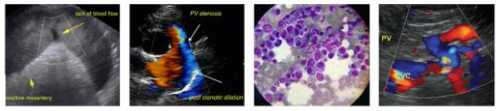

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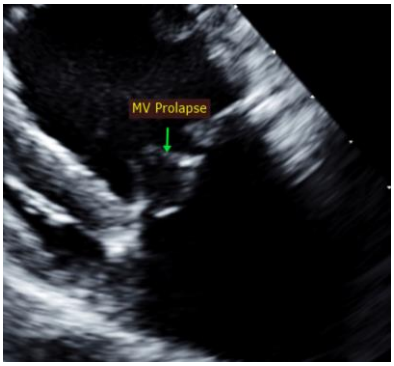

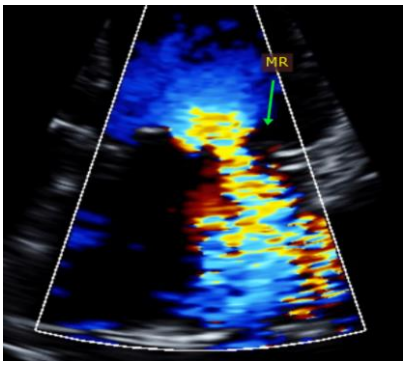

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)