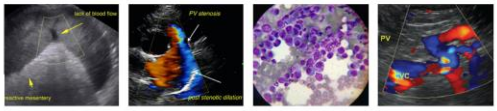
Mass Veterinary Specialty Services
1-413-734-1292



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT

Freddie Sherwood

SPECIES

Canine

BREED

Rottweiler Mix

SEX

Male Intact

AGE

1 year

WEIGHT

74lbs

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

20606

DATE

8/18/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History exposure to parvo in utero with subsequent mild decrease in LV systolic function noted on echocardiograms. Current presentation: Freddie has been doing well at home with no clinical issues. Good appetite - his diet consists of Hill's canned and dry food. CV/RESP: NSR, no murmurs, PSS lung fields clear. BP: 120mmHg x 3 (after sedation).
-Pertinent previous echo findings (12/28/20 MML): LA 2.8 cm; LA:Ao 1.5; LV 4.3 cm; mild LAE; mild MR; mild LV systolic dysfunction (FS 23-25%). * Sedated with propofol to effect for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal in diastole and increased in systole. Mild decline in myocardial function; FS 23-25%. LV wall thicknesses appear normal.
Left atrium: The left atrium is mildly enlarged.
Mitral valve: The mitral valve is normal with mild central MR. Normal velocity.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No 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 trace tricuspid regurgitation; normal velocity.
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 100bpm.

2-Dimensional Measurements

Ao diam (cm)	2.1
LA diam (cm)	2.8
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.9
LVID diastole (cm)	4.4
PW thickness (cm)	0.9
LVID systole (cm)	3.3
FS (%)	24

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Stable cardiac structure and function persists in this study. There is no obvious progression compared to the previous exams and the LA remains normal.

Given these findings, no additional medications are indicated. Continue Pimobendan likely lifelong. Patient will carry lifelong risk for progressive structural disease, development of CHF, malignant arrhythmias and/or sudden death in the future.

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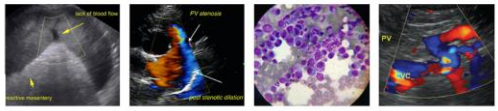

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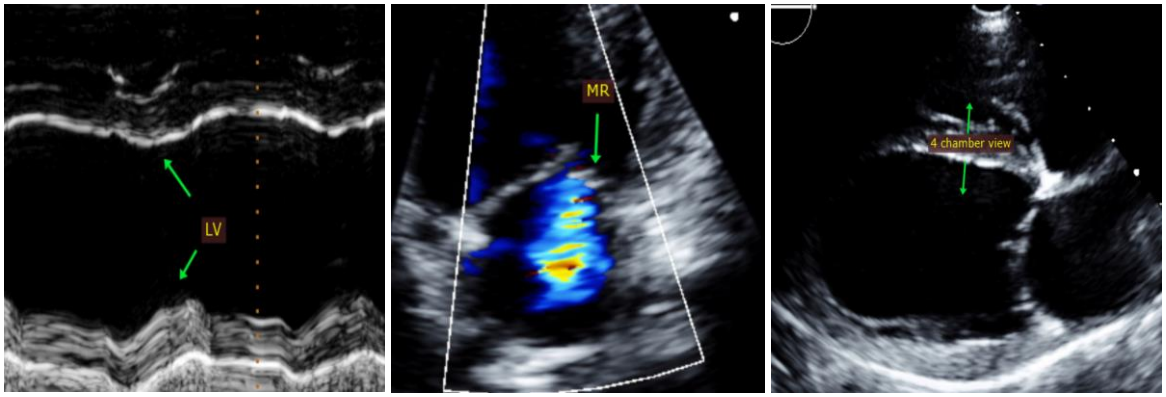
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Omega fatty acid supplementation may be of some long-term benefit 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.
- Mild activity restriction is advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram annually going forward, 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

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