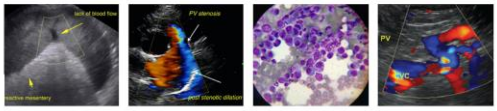
Mass Veterinary Specialty Services
1-413-734-1292



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

PATIENT

Sparky Foley

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Male Neutered

AGE

13 years

WEIGHT

30.5lbs

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

20598

DATE

8/18/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease, severe. Current presentation: Sparky is overall doing well but is coughing on a daily basis, although better than before medications. Sparky is eating well with normal activity. CV/RESP: arrhythmia, grade IV-V/VI murmur with PMI left apical area radiating to right with grade II-III/VI murmur noted on right, PSS, lung fields clear, soft cough with tracheal pressure. BP: 210-220mmHg.
-Current medications; 1) Pimobendan/vetmedin 7.5mg 1/2 tab twice a day 2) Enalapril 5mg 1 tab twice a day 3) Lasix/furosemide 50mg am with 12.5mg pm 4) Spironolactone 25mg 1 tab twice a day 5) Sildenafil 20mg 1 tab three times a day 6) Snip tips daily 7) Diltiazem 10mg 1 capsule three times a day 8) Probiotic daily *No sedation for study.
-Pertinent previous echo findings (1/18/21 MML): LA 3.0 cm; LA:Ao 2.0; LV 3.1 cm; moderate-severe LAE; moderate-severe MR/TR; pHTN (TR Vmax 6.0 m/s); Suspect sinus node dysfunction with intermittent SVT on ECG.

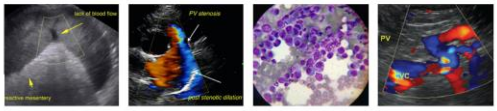
ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 120bpm (range 54-188bpm). The underlying rhythm is sinus in origin, with a p for every QRS complex and vice versa. The rhythm is highly irregular with brief sinus pauses and periods of sinus tachycardia. Only two definitive APCs are identified in a 70 second tracing; no SVT appreciated. No ventricular ectopic beats or other dysrhythmias observed.
ECG diagnosis: Unchanged sinus node dysfunction with isolated APCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with hyperdynamic myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is severely dilated.
Mitral valve: The mitral valve is thickened with no prolapse into the left atrial lumen. Moderate to severe 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. Trace aortic insufficiency.
Right ventricle: Moderate RV dilation and hypertrophy consistent with pressure overload. Septal flattening in systole.
Right atrium: Moderate RA dilation.
Tricuspid valve: The tricuspid valve appears mildly thickened. Moderate tricuspid regurgitation; velocity consistent with moderate pulmonary arterial hypertension.
Pulmonic valve/Pulmonary artery: The pulmonic valve appears normal with normal mobility. No obvious pulmonic insufficiency. Normal RVOT velocity; laminar flow. MPA and branch dilation.
Pericardium/other: No pericardial effusion. Small volume pleural effusion noted. No obvious cardiac masses.

Mass Veterinary Specialty Services
1-413-734-1292



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

PATIENT

Sparky Foley

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Male Neutered

AGE

13 years

WEIGHT

30.5lbs

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

20598

DATE

8/18/21

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	4.0
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.83
LVID diastole (cm)	4.2
PW thickness (cm)	0.80
LVID systole (cm)	1.7
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	5.9
TR Vmax (m/s)	3.5
TR PG (mmHg)	49

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of relative stability. The pulmonary pressures are actually improved due to therapy, and the right heart dimensions stable. The left heart is increased compared to the prior study with moderate to severe disease present. No additional issues are identified making this overall stable disease.

The ECG is similar to the prior study, although intermittent SVT is not appreciated. Isolated APCs certainly suggest this may still be occurring and was not captured here. That being said, the patient is reportedly doing well at home with no collapse episodes. A holter monitor is still recommended depending on symptoms at home and can be utilized should any syncope be noted in the future.

Given these findings, continued cardiac support is recommended as prescribed. A cough is likely due to mainstem bronchi compression and/or some combination with airway disease. Consider Hydrocodone if needed for quality of life, chest radiographs if there is any acute progression, etc. Prognosis is poo; however, it is encouraging that the patient has done well thus far. The patient will always be at risk for recurrent right or left sided CHF, development of syncopal episodes, malignant arrhythmias and/or sudden death in the future.

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

RECOMMENDATIONS

- Continue Pimobendan, Enalapril, Lasix, Spironolactone, Sildenafil and Diltiazem as prescribed.
- Consider Hydrocodone and CXR if indicated.

PATIENT
Sparky Foley

SPECIES
Canine

BREED
Cocker Spaniel

SEX
Male Neutered

AGE
13 years

WEIGHT
30.5lbs

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
20598

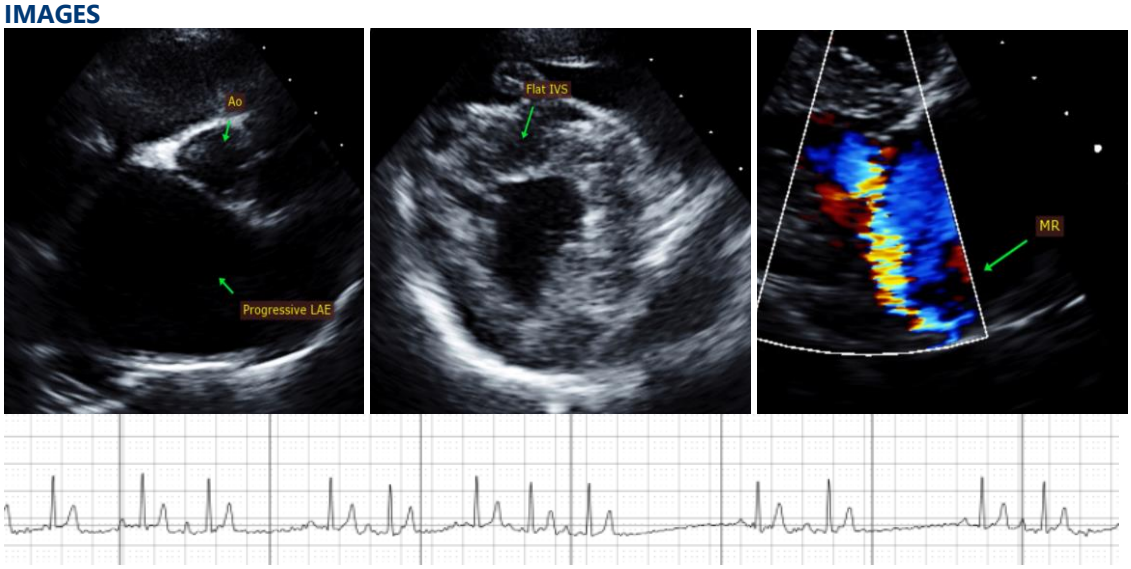
DATE
8/18/21

- Consider a holter monitor, particularly should any syncope or acute lethargy be noted in the future.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Lifelong activity/stress restriction is advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recheck renal values, BP and ECG every 3-4 months lifelong.
- 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

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