



PATIENT

Diesel Tisdell

SPECIES

Canine

BREED

Boston Terrier

SEX

Male Neutered

AGE

13 years

WEIGHT

30.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

25977

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Currently, Diesel has been panting more recently with the panting continuing even when in an air-conditioned environment. He has also been PU/PD. Diesel does occasionally vomit. He has also been coughing daily, no sneezing. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 130mmHg x 5. Medications: 1) Pimobendan 7.5mg 1/3 tab twice a day 2) Dasaquin small 1/2 tab daily *No sedation for study.
-Pertinent previous echo findings (11/2019 MML): Moderate MR/TR, moderate LAE, mild PAH. LA; 2.7, LV: 3.6.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is severely dilated.

Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Suspicion of a ruptured chord (see below). 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. No aortic insufficiency.

Right ventricle: Mild RV enlargement.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and mild tricuspid regurgitation. Velocity consistent with mild 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.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 100bpm.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	3.7
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.9
LVID diastole (cm)	3.9
PW thickness (cm)	0.9
LVID systole (cm)	1.8
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	5.9
TR Vmax (m/s)	3.1
TR PG (mmHg)	38

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with mitral and tricuspid regurgitation. Unfortunately, there is significant progression compared to the prior study, with severe MR and LA dilation. There is concern for a possible ruptured chord, which may explain recent panting. Baseline chest radiographs are recommended. The pulmonary hypertension is unchanged, and no additional issues are noted.

These findings and reported clinical signs are concerning for early congestive heart failure and full lifelong medications are recommended as below. A cough in this patient may also



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have a mechanical component and Hydrocodone can be utilized if needed for quality of life in the face of normal breathing rates.

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With this degree of left heart changes, the risk for recurrent congestive heart failure is elevated going forward. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded to poor once on diuretic therapy (stage C). Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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RECOMMENDATIONS

- Institute Furosemide 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Continue Pimobendan as prescribed.
- Consider Hydrocodone if needed for quality of life.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended.
- Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Mild activity restriction is advised.
- Elective anesthesia is not advised.

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PLAN

- A renal panel and BP are recommended in 1-2 weeks, if BP is >130mmHg, institute ACE-I 0.5mg/kg PO q12h.
- Recommend recheck echocardiogram in 6 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.

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

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