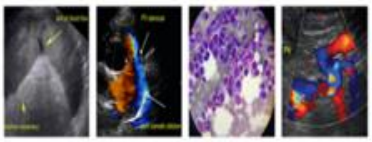
Mass Veterinary Services



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

PATIENT
Jasper Ashley

SPECIES
Canine

BREED
Pomeranian Mix

SEX
Male Neutered

AGE
11 years

WEIGHT
6.7lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
25669

DATE
8/9/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease -Stage B2. Current presentation: Jasper developed CHF in February 2022. In June his respiratory rate increased, and the Lasix dose was increased. Today he is doing well, still coughing, but improved. Good appetite and activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields harsh bilaterally, tracheal collapse cough in exam room. BP: 110-110 mmHg. Current medications: 1) Amlodipine 1mg/ml 0.4mls daily 2) Pimobendan/vetmedin 1.25mg 1 tab three times a day 3) Lasix/furosemide 20mg 1 tab am and pm with 1/2-tab mid-day 4) Hydrocodone with homatropine/hycodan 5/1.5mg 1/2 tab twice a day 5) Sildenafil 5mg 1 tab twice a day *Sedated with propofol for study.
-Pertinent previous echo findings (4/11/22 at a facility in Connecticut (Beth Bossabaly, VMD, DACVIM-Cardiology). There are no measurements noted. Conclusions: 1) CVD - Stage C; 2) Pulm HTN - moderate; 3) CHF. The radiographs showed improved pulmonary edema after treatment.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV is markedly dilated with adequate myocardial function.
LV wall thicknesses are decreased.
Left atrium: The left atrium and auricle are markedly dilated.
Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Lack of co-optation in systole. Marked eccentric mitral regurgitation.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: The right ventricle is mildly dilated with no obvious hypertrophy.
Right atrium: Mild RA dilation.
Tricuspid valve: The tricuspid valve appears thickened with septal prolapse and moderate tricuspid regurgitation. Velocity consistent with severe 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: Scant pericardial effusion noted. No pleural effusion. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	3.5
LA:Ao (Swe)	2.8
IVS thickness (cm)	0.5
LVID diastole (cm)	3.8
PW thickness (cm)	0.5
LVID systole (cm)	2.0
FS (%)	47

Doppler Measurements

PV Vmax (m/s)	0.62
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	3.8
TR Vmax (m/s)	4.2
TR PG (mmHg)	70

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of significant progression, The LA and LV are both increased comparatively and there is progression in pulmonary hypertension. There is also a scant pericardial effusion which is concerning for right-sided congestion. No additional issues are identified.

Given these findings, recommend continue cardiac medications as prescribed with addition of Spironolactone and an increase in Sildenafil as below. My hope is this will be enough to decrease the amount of effusion. It is worth noting this patient is on a near

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toxic dose of Lasix and any further increases may warrant alternative diuretic, such as Torsemide. Additionally, amlodipine should be discontinued due to hypotension.

It is important to note that this patient is considered end-stage with refractory CHF (stage D) with a poor prognosis. Our goal is to maintain quality of life for the short-term; however, there is high risk for fulminant CHF and/or sudden death at any time.

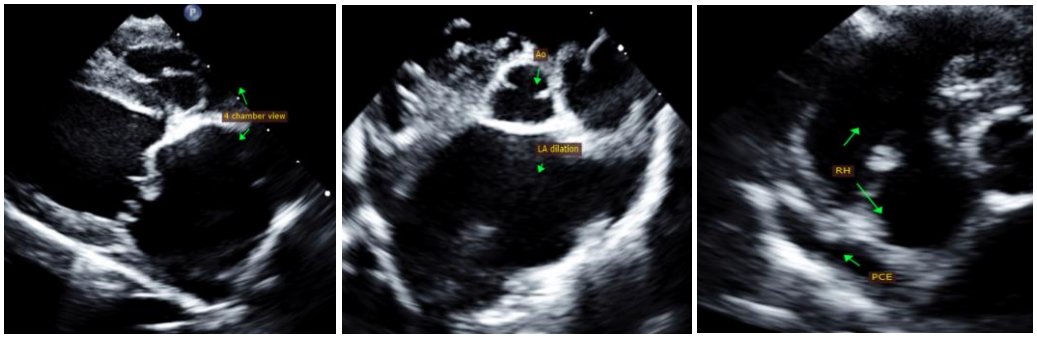
RECOMMENDATIONS

- Continue Pimobendan, Lasix and Hydrocodone as prescribed.
- Discontinue Amlodpine due to hypotension.
- Increase Sildenafil 5mg PO q8h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- If any respiratory issues develop in the future consistent with recurrent CHF, consider alternative diuretic such as Torsemide.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Activity restriction is advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Monitor renal values every 3-4 months on diuretic therapy.
- 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)