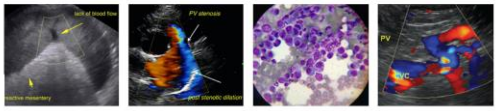
Mass Veterinary Specialty Services
1-413-734-1292



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

PATIENT

Buddy Gilley

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male Neutered

AGE

10 years

WEIGHT

7.44lbs

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

20854

DATE

9/1/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Buddy has been vomiting white foamy fluid with loose stools. The family has been feeding him a bland diet at home. No vomiting x 2days. He does cough when excited. Good appetite - boiled chicken and rice. He was previously on torbugesic which the owner did not helped with the cough. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right PSS, inspiratory crackles noted L>R. BP: 90mmHg x 3.
-Current medications: Pimobendan/vetmedin 0.9375mg 1 capsule twice a day. *No sedation
-Pertinent previous echo findings (1/19/21 MML): LA 2.2 cm; LA:Ao 1.83; LV 3.0 cm; moderate LAE; moderate-severe MR; moderate TR (3.5 m/s); mild-moderate pHTN; mild LVE.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is diffusely thickened mild prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with a normal velocity.
Aortic valve/aorta: The aortic valve is mildly thickened. Normal aortic outflow velocity; laminar flow. Trace/mild 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 mildly thickened with moderate tricuspid regurgitation. Velocity consistent with mild to moderate 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 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	2.2
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.5
LVID diastole (cm)	2.9
PW thickness (cm)	0.5
LVID systole (cm)	1.3
FS (%)	55

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.5
TR Vmax (m/s)	3.3
TR PG (mmHg)	43

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and tricuspid regurgitation persists. Compared to the prior study, the left heart dimensions are stable with no further

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dilation. Moderate MR/TR are unchanged, with stable pulmonary pressures. One new finding is a small aortic leak; however, systemic pressures are low. No additional issues are identified.

Given these findings, no additional medications are indicated. Continued assessment of progression in the future will help predict long term outcome, which is guarded at this stage. There will always be risk for progression to CHF, development of arrythmias and/or sudden death in the future.

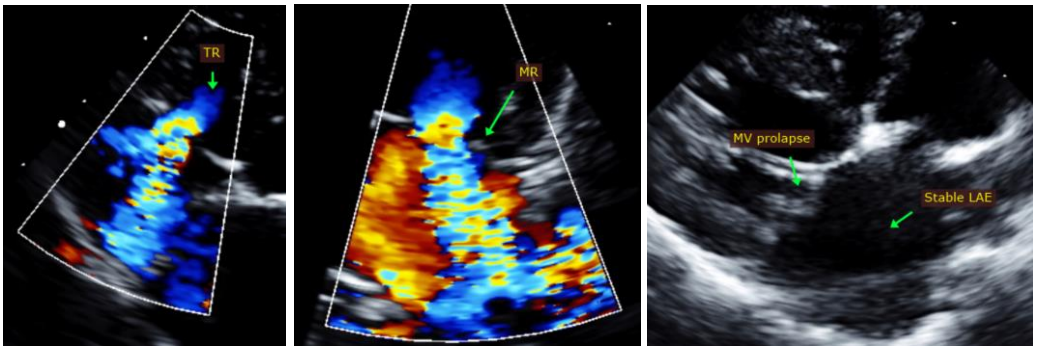
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Consider Hydrocodone if needed for quality of life as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered moderate 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.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

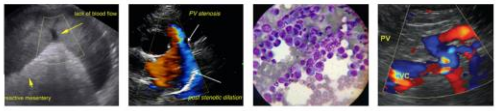
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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



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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)