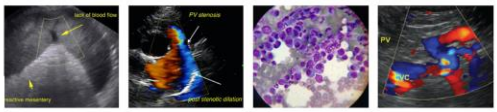
Mass Veterinary Specialty Services
1-413-734-1292



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Tough Guy Ryan

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
8 years

WEIGHT
6.4lbs

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
21006

DATE
9/14/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History VSD, RVH, trending toward balanced shunt. Current presentation: Tough Guy is doing fairly well. He does have some labored breathing when the weather is hot and humid. He continues to have a good appetite. CV/RESP: NSR, grade III/VI murmur noted best on sternum, PSS, lung fields clear, compressible thorax. BP: 100mmHg x 3.
-Current medications: 1) Pimobendan/vetmedin 1.25mg 1/2 tab twice a day 2) Plavix/clopidogrel 75mg 1/4 tab daily 3) Enalapril 2.5mg 1/4 tab twice a day 4) Spironolactone 25mg 1/4 tab twice a day 5) Lasix/furosemide 12.5mg 1/4 tab twice a day *No sedation.
-Pertinent previous echo findings (3/24/20 MML): LA 1.5 cm; LA:Ao 1.7; IVS 0.38 cm; PW 0.43 cm; LV 1.2 cm; mild-moderate LAE/RAE; large muscular VSD - bidirectional shunting (L-R 2.6, R-L 1.0); moderate RVH.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: A large muscular VSD is identified with low velocity bidirectional flow; L-R 2.2m/s; R-L 1.3cm. The LV diameter is normal with adequate myocardial function. Subtle septal flattening at end-systole. LV wall thicknesses are normal.
Left atrium: The left atrium is mild to moderately dilated. No obvious spontaneous contrast.
Mitral valve: The mitral valve appears mildly elongated with a cleft appearance; mild anterior motion visualized. Trace central mitral regurgitation.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. The aortic root is mildly increased in size, with a mild overriding appearance. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: The RV is minimally dilated with moderate RV hypertrophy and remodeling.
Right atrium: Mild to moderate RA dilation.
Tricuspid valve: The tricuspid valve appears normal with mild tricuspid regurgitation.
Pulmonic valve/Pulmonary artery: The pulmonic valve appears normal with no obvious stenosis. No obvious pulmonic insufficiency. Velocity through the pulmonic valve is normal. The MPA is significantly dilated (1.4cm), with branch dilation.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 188bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	1.5
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.37
LVID diastole (cm)	1.5
PW thickness (cm)	0.39
LVID systole (cm)	0.55
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Largely unchanged complex congenital heart disease. Both the left and right heart dimensions appear similar to the prior study with unchanged biatrial enlargement. The direction of the shunt is similar to previous; however, the max left to right velocity is slightly decreased comparatively. In a largely asymptomatic patient, I would not

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necessarily make any changes based upon this finding; however, any further shift may lead to cyanotic clinical signs. No additional issues are identified.

Long term prognosis remains guarded to poor; however, this patient continues to do well despite these findings . Patient will always be at high risk for CHF (right or left-sided), development of blood clots, and/or malignant arrhythmias/sudden death in the future.

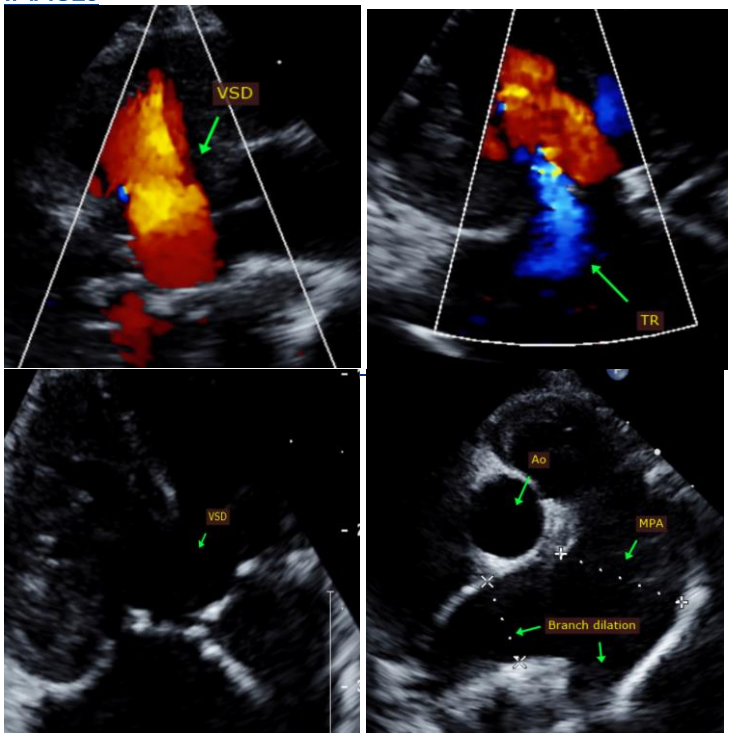
RECOMMENDATIONS

- Continue medications as prescribed (Pimobendan, Plavix, Spironolactone and Lasix).
- Elective anesthesia is not advised.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.). Monitoring of sleeping breathing rates at home is recommended as the best way to screen for progression to CHF at home.

PLAN

- A recheck echocardiogram is recommended annually, sooner if clinical signs arise in the interim.

IMAGES



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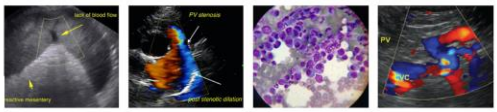

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)