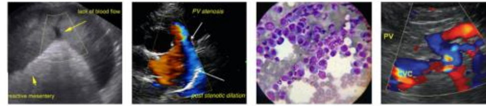
Mass Veterinary Specialty Services
1-413-734-1292



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

PATIENT
Chester Green

SPECIES
Canine

BREED
Puggle

SEX
Male Intact

AGE
13 years

WEIGHT
39.2lbs

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
21269

DATE
9/29/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease, mild and compensated. Current presentation: Chester has been coughing since June. He had a rhinoscopy done in 2019 for a postnasal drip without a conclusion or treatment plan. He seems to do better with antibiotics. He has been coughing daily, worse after lying down. Chester has also been sneezing with nasal discharge. He continues to eat well. He had a course of temaril p with no improvement. No medications were dispensed at the time of his prior echocardiogram (1/27/16, Nancyi Morris, DVM). Sometime later, Chester was put on cardiac meds by primary to see if they would help his chronic cough. Today is his first day off of clavamox and he is coughing more but had been doing well until today. He does have an occasional sneeze but no other issues. CV/RESP: NSR , grade III/VI murmur with PMI left apical area, PSS, lung fields clear though pants heavily throughout exam, coughs with tracheal pressure. BP:" 160mmHg x 5.
-Current medications: 1) Pimobendan/vetmedin 5mg 1 tab twice a day 2) Enalapril 5mg 1 tab am with 1/2 tab pm 3) Cough tabs (guafinsin) 1 tab twice a day *No sedation for echo.
-Pertinent previous echo findings: LA 2.50 cm; LA:Ao 1.21; LV 3.77 cm; 1.5 + MR.

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 normal.
Mitral valve: Thickening of the anterior mitral valve leaflet with mild prolapse into the left atrial lumen. Mild anterior directed 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: 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 normal with no tricuspid regurgitation.
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.

2-Dimensional Measurements

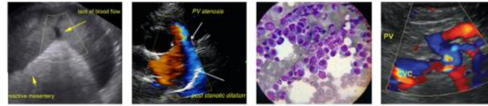
Ao diam (cm)	2.0
LA diam (cm)	2.4
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.9
LVID diastole (cm)	3.1
PW thickness (cm)	0.7
LVID systole (cm)	1.3
FS (%)	58

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.8
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild mitral regurgitation persists without evidence of progression. The overall cardiac dimensions and function are normal indicating the disease is well compensated for. No obvious pulmonary hypertension or other issues are noted in this study.



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Given these findings, the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. **Cardiac medications can and should be safely discontinued.** Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc.).

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

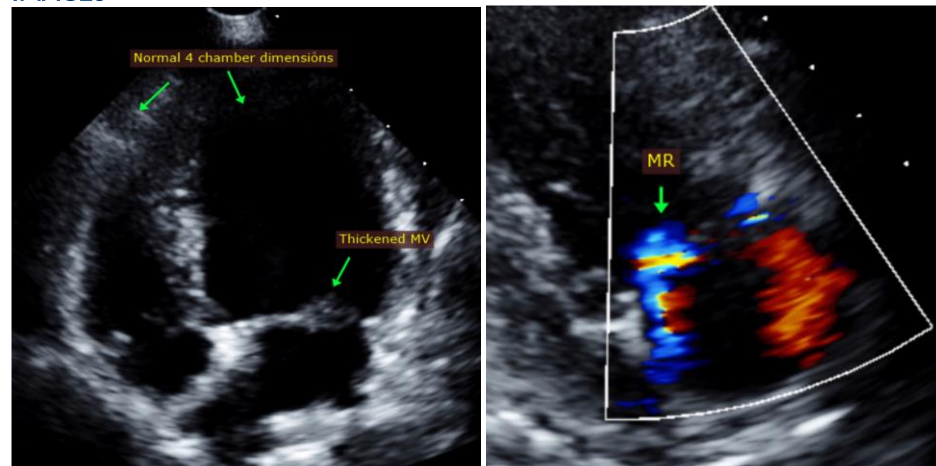
RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Discontinue Enalapril and Pimobendan therapy.
- Consider further cough work up/treatment as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild 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



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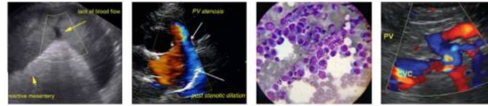

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)