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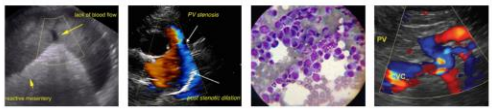


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Maggie Ward

SPECIES
Canine

BREED
Shetland Sheepdog

SEX
Female Spayed

AGE
10 years

WEIGHT
30lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Parkway Veterinary Hospital

REFERRING VET
Dr. Friedman Cowan

INVOICE
26655

DATE
9/30/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1/B2. Currently, doing well. Planning dental. BP: 194, 206, 216mmHg (stressed). Current medications: Rimadyl 12.5mg SID-BID; Pimobendan 5mg am, 2.5mg pm.
-Pertinent previous echo findings (1/26/22 Rebecca Malakoff, DVM, DACVIM - Cardiology). LA 2-87 cm, LA: Ao 1.62, LV 3.13 cm, mild LAE, moderate MR, trace TR.
-Abnormal PE/Chem/CBC/UA Results: BUN=48; TRIG=215; ALT=172; ALP=356; CHOL=713.

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: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild anterior-directed 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: 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.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 110bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	2.2
LA:Ao (Swe)	1.3
IVS thickness (cm)	1.0
LVID diastole (cm)	2.4
PW thickness (cm)	1.0
LVID systole (cm)	1.3
FS (%)	45

Doppler Measurements

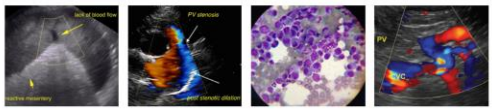
PV Vmax (m/s)	0.97
AoV Vmax (m/s)	1.9
MR Vmax (m/s)	5.3
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is evidence of significant improvement. Mild mitral regurgitation is hemodynamically insignificant at this time with normal left heart dimensions. No additional issues are identified.

Prognosis is guarded; however, at this point there is minimal cardiac remodeling appreciated.

Given dramatic changes in two serial studies there are two ways to proceed. First would be to continue Pimobendan, given overall stability. That being said, what is seen here does not clearly warrant continued therapy and the patient was noted to be only borderline on the prior exam. There is some inherent risk in discontinuing the medication as disease may



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continue to progress; however, risk may be worth potential benefit of not being medicated long-term. Discussion with the owner is advised.

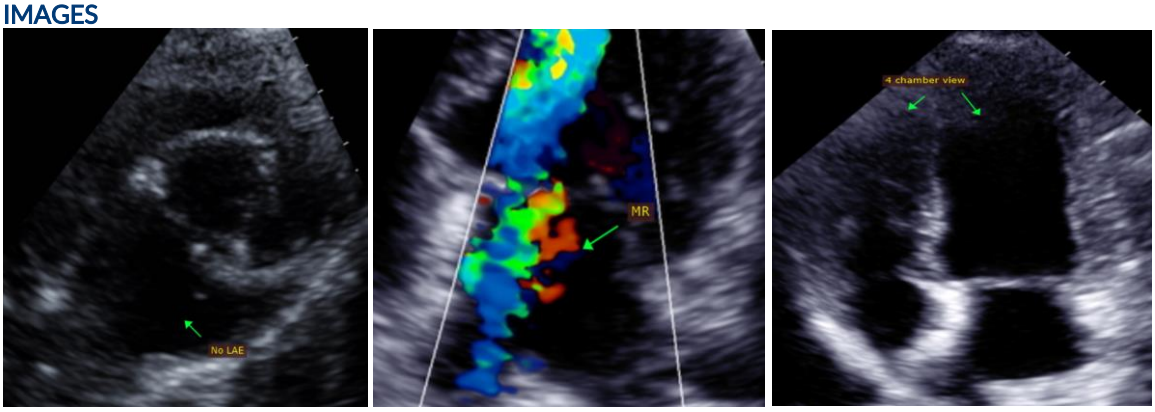
RECOMMENDATIONS

- Consider continue versus discontinue Pimobendan as discussed.
- 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 any development of cough, labored breathing or exercise intolerance.

PLAN

- If declined, recommend recheck echocardiogram in 6-12 months, sooner if any clinical signs are noted in the interim.

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