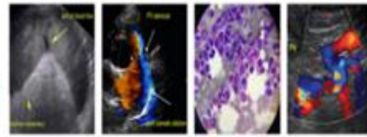
Mass Veterinary Services



SonoPath
Clinical Sonography & Telecytology
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PATIENT
Rocky Weathers

SPECIES
Canine

BREED
Pomeranian

SEX
Male Neutered

AGE
13 years

WEIGHT
7.4lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
26199

DATE
9/6/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage C. Currently, Rocky was having syncopal episodes in July. His sildenafil was increased at that time - no episodes since. Rocky had a tooth root abscess a few weeks ago that responded to antibiotics. He only coughs now with exertion. Rocky is eating well with normal activity. On exam today: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, mild inspiratory crackles noted dorsally, bilaterally, mm pink moist, CRT<2, distinct tracheal cough. BP: 100 mmHg x 5. Current medications: 1) Pimobendan/vetmedin 1.25mg 1 tab twice a day 2) Enalapril 2.5mg 1 tab twice a day 3) Lasix/furosemide 12.5mg 1.5 tabs twice a day 4) Sildenafil 20mg 1/4 tab three times a day 5) Spironolactone 25mg 1/4 tab twice a day 6) Hydrocodone with homatropine/hycodan 5mg 1/2 tab twice a day Plan: Lasix 10mg IM; add Lasix 12.5mg 1/2-tab mid-day.
-Pertinent previous echo findings (6/2021 MML): Severe LA/LVE, severe MR, mild RHE, moderate TR, PG: 88mmHg. LA: 2.7, LV: 2.9.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is moderately increased with hyperdynamic myocardial function. LV wall thicknesses are decreased.
Left atrium: The left atrium is markedly dilated.
Mitral valve: Diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation, normal velocity.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. No aortic insufficiency.
Right ventricle: Mild RV dilation. Subtle septal flattening in systole.
Right atrium: Mild RA dilation.
Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and moderate tricuspid regurgitation. TR velocity is elevated consistent with severe pulmonary hypertension (PG: >80mmHg).
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Moderate MPA dilation. Normal pulmonic outflow velocities. No pulmonic insufficiency.
Pericardium/other: Scant pericardial and no pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

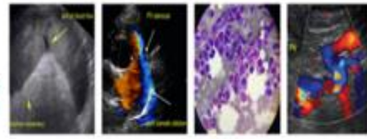
Measurement	Value
Ao diam (cm)	1.4
LA diam (cm)	3.3
LA:Ao (Swe)	2.4
IVS thickness (cm)	0.6
LVID diastole (cm)	3.3
PW thickness (cm)	0.6
LVID systole (cm)	1.1
FS (%)	66

Doppler Measurements

Measurement	Value
PV Vmax (m/s)	0.94
AoV Vmax (m/s)	NM
MR Vmax (m/s)	4.7
TR Vmax (m/s)	4.5
TR PG (mmHg)	81

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of progression. Severe mitral and moderate tricuspid regurgitation are similar; however, the left heart is markedly enlarged. The pulmonary pressures are unchanged; however, the MPA is increased in dimension. Finally, there is scant pericardial effusion, likely suggestive of right-sided CHF.



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Given what is seen here, certainly continued medications are warranted. Given that the patient is doing well, I would not necessarily increase the Lasix at this time; however, any significant lethargy or recurrent syncope will warrant this change. Increasing the Sildenafil was a reasonable choice and the symptom resolved; this dose should be continued. Finally, Enalapril should be discontinued due to hypotension in hospital. No additional changes are warranted at this time.

Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home. Monitoring for symptoms of PAH is suggested, including exertional syncope or dyspnea. Adequate cough suppression is also of the upmost importance, utilizing hydrocodone PRN.

Long term prognosis is guarded to poor, and it is important to note that this is end-stage disease. Our goal is to maintain a good quality of life for the short-term. Patient is at high risk for progression to left-sided CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

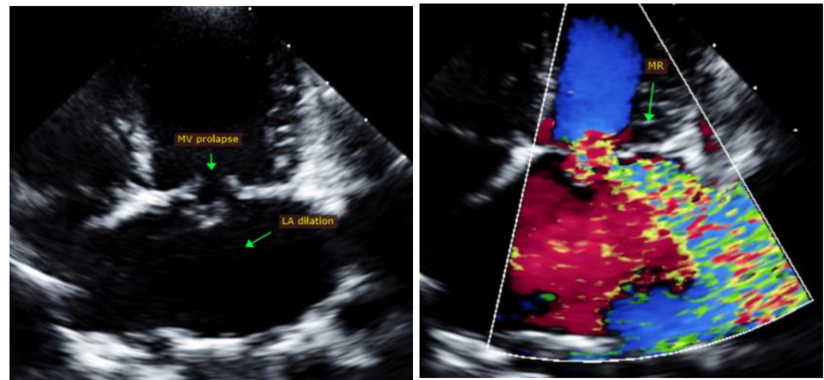
RECOMMENDATIONS

- Continue Pimobendan, Lasix, Spironolactone, Sildenafil and Hydrocodone as prescribed.
- Discontinue Enalapril due to hypotension.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is the best way to screen for progression to CHF at home.

PLAN

- A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

IMAGES



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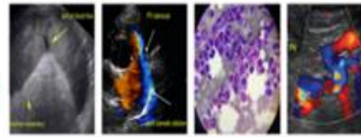

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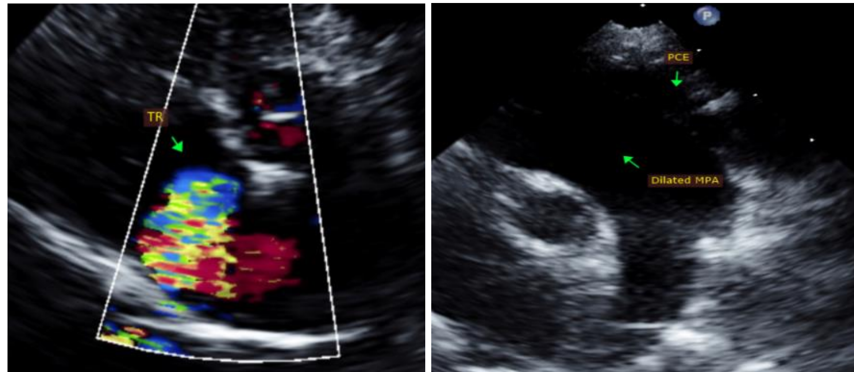

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)