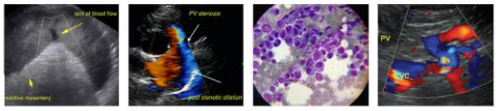
Mass Veterinary Specialty Services
1-413-734-1292



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

PATIENT
Colby Gust

SPECIES
Canine

BREED
Great Pyrenees

SEX
Male Neutered

AGE
11 years

WEIGHT
75.4lbs

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
20937

DATE
9/8/21

PRESENTING CLINICAL SIGNS

History: Colby is referred for evaluation of a heart murmur noted in December 2020. He was seen for panting in March and then again in July. Radiographs taken revealed mild cardiomegaly. ProBNP of 1173. He finished a course of doxycycline ~ 2weeks ago. Colby is presently not coughing but does have some labored breathing noted while resting. which has been noted on and off for the past 6 weeks. Colby is eating well---Science Diet Sensitive stomach. His activity level remains normal. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 150mmHg x 3. No medications. *No sedation.

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 mildly dilated.
Mitral valve: The mitral valve is mildly thickened with minimal prolapse into the left atrial lumen. Mild to moderate 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 mildly thickened with mild tricuspid regurgitation; normal velocity.
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 90bpm.

2-Dimensional Measurements

Ao diam (cm)	2.6
LA diam (cm)	3.6
LA:Ao (Swe)	1.4
IVS thickness (cm)	1.1
LVID diastole (cm)	4.0
PW thickness (cm)	1.1
LVID systole (cm)	2.7
FS (%)	33

Doppler Measurements

PV Vmax (m/s)	0.55
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	4.8
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild to moderate mitral and mild tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as pulmonary hypertension are noted in this study.

Given these findings, no cardiac cause for respiratory changes is identified. Follow up is advised based upon clinical progression.

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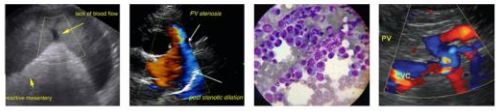

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Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

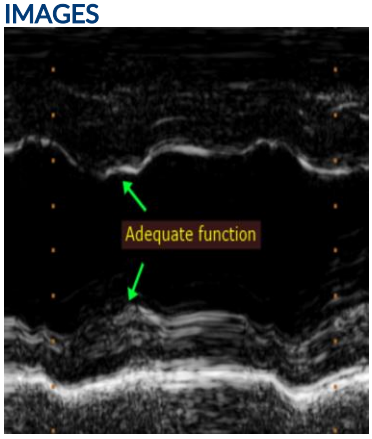
RECOMMENDATIONS

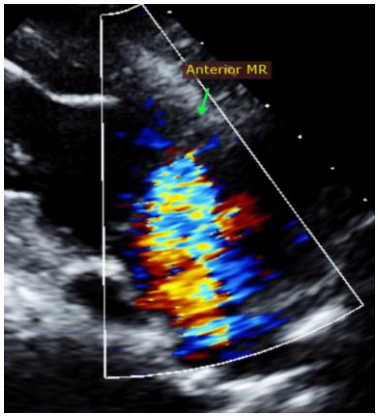
- Given these findings, no cardiac medications are clearly indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone 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.

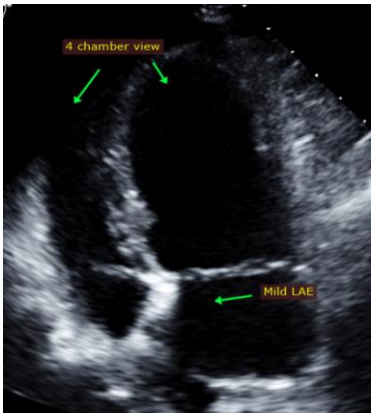
PLAN

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

IMAGES







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)