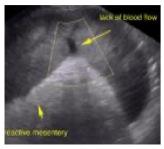
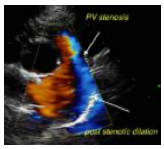
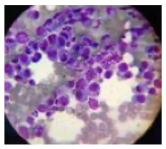
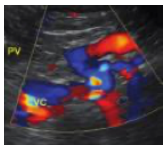
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

G.G. Scumaci

SPECIES

Canine

BREED

Mini Poodle

SEX

Neutered Male

AGE

10 years

WEIGHT

13 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Sova AH

REFERRING VET

N/A

INVOICE

12897

DATE

4.28

PRESENTING CLINICAL SIGNS

History: 2-3/6 murmur
Abnormal PE/Chem/CBC/UA Results: wnl

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	3.3	1.04	1.28	59	91	0.2
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LA** 2D short axis Base view	**LVIDd** Avg; 2D and m-mode short axis	**LVIDs** Avg; 2D and m-mode short
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	140-	NM	1.0	5.9	1.75	2.34	0.94

Cardiac Presentation

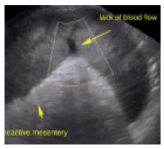
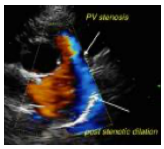
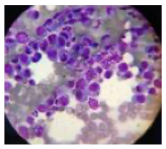
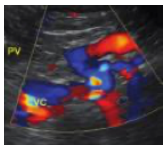
The **left atrium** is of normal size with no evidence of smoke or thrombus formation. The **left ventricle** is normal in diameter with normal wall thickness and demonstrates good systolic function. The **right atrium** is subjectively of normal size and **right ventricule** dimensions and systolic function are subjectively normal. There is mild to moderate **mitral valve** regurgitation and mild **tricuspid valve** regurgitation noted, with irregular thickening of the valve leaflets. There was no evidence of chordae tendineae rupture or valvular prolapse in either valve and no vegetative lesions were seen. The **aortic** and **pulmonary valves** both exhibit normal appearance and function. The **main pulmonary artery** appears normal. There is evidence of mild pulmonary hypertension, based on tricuspid regurgitation velocity. No pericardial/pleural effusion or cardiac masses are seen. There is no evidence of an arrhythmia.

ULTRASONOGRAPHIC FINDINGS

Myxomatous mitral valve disease – Stage B1. Myxomatous tricuspid valve disease. Possible mild pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- No medication is warranted at this time.
- Daily monitoring of the sleeping respiratory rate at home is recommended, and if the sleeping respiratory exceeds 35 breaths per minute, then a prompt recheck physical examination and chest radiographs to assess for pulmonary edema would be warranted.
- The patient may benefit from a cardiac diet such as Purina's "CardioCare" veterinary diet.

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- Recheck echocardiogram is recommended in 6-8 months. MMVD is a progressive disease, and while no medication is warranted now, it may be beneficial in the future.
- The significance of the mildly elevated pulmonary pressures is uncertain. Chest radiographs and heartworm testing are recommended to assess for underlying respiratory illness. The pulmonary pressures are not elevated enough to warrant treatment, but if underlying respiratory disease is found, then this should be treated. If no underlying illness is identified, than this pressure can be reassessed at follow-up echocardiogram in 6-8 months, or sooner if syncope occurs.
- If anesthesia is needed, the following recommendations are suggested:
    1. Avoid a-2 agonists such as dexmedetomidine and xylazine.
    2. Pre-medication with an opiate and a benzodiazepine is recommended. Additionally, Gabapentin 10mg/kg PO and trazodone 5mg/kg PO given first thing in the morning on the day of the procedure can further reduce inhalant anesthetic requirements.
    3. Pre-oxygenation, followed by induction with propofol or alfaxalone is recommended, followed by maintenance with isoflurane or sevoflurane.
    4. When feasible, the use of local anesthetic blocks can decrease maintenance anesthetic requirements.
    5. Moderate use of IV fluids throughout the procedure is recommended, with a starting dose of 3-5ml/kg/hr, with modest increases as needed to support blood pressure, but not to exceed a total volume of 20-30ml/kg for the procedure. The minimum volume necessary to maintain adequate blood pressure is desirable.
    6. Use atropine, if necessary, to maintain a HR > 90 throughout the procedure. If available, a dopamine or dobutamine CRI can be used for additional blood pressure support if the patient experiences hypotension.

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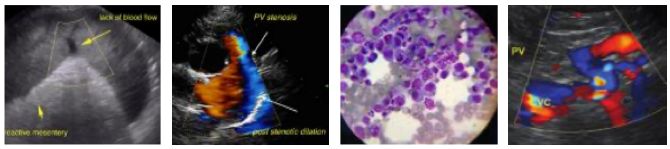

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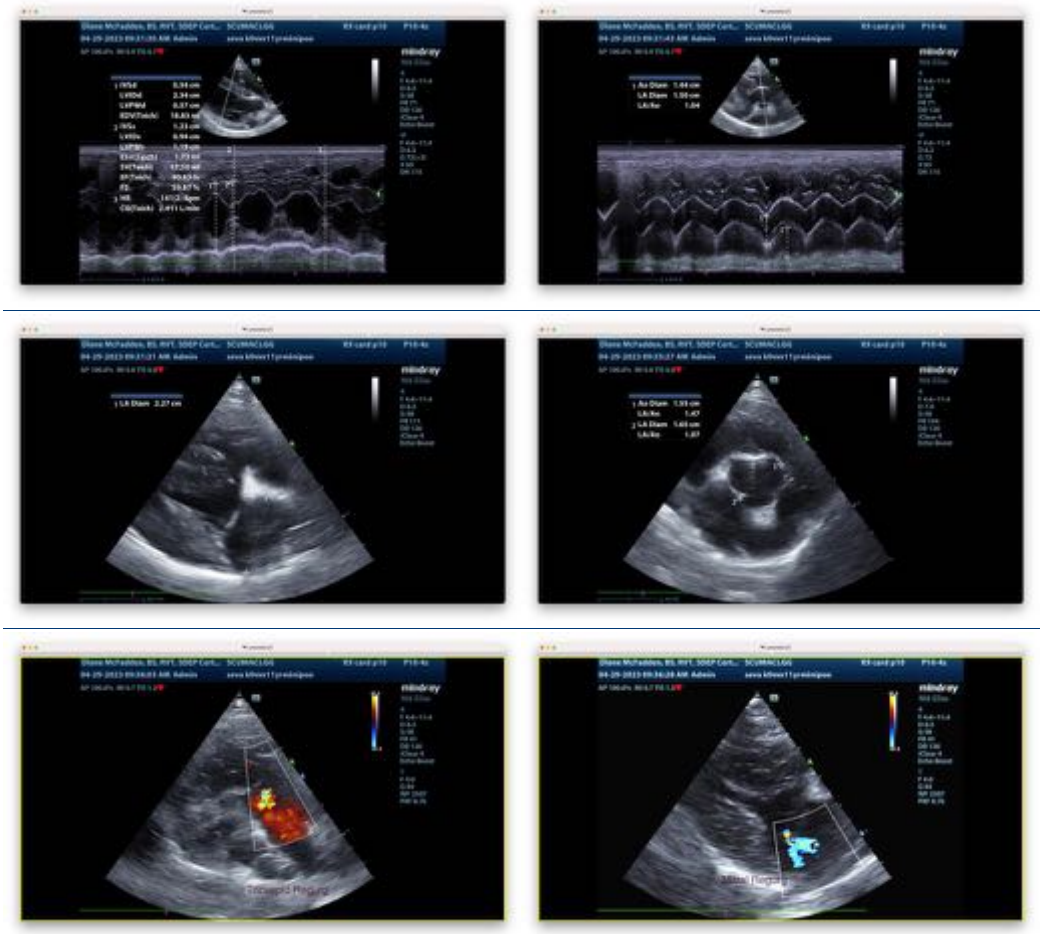

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Tam Mengine, DVM, DABVP (canine/feline practice)

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