



PATIENT

Ginger Moody

SPECIES

Canine

BREED

Goldendoodle

SEX

Female Spayed

AGE

6 years

WEIGHT

50.3lbs

PRESENTING CLINICAL SIGNS

History: Ginger presented last month for vulvar discharge. On auscultation, several brief periods of tachycardia were noted, no murmurs. Doing well clinically - good appetite and energy level. BP: 110-120mmHg. *No sedation for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal (LVIDdN: 1.59, LVIDsN: 1.1) with borderline myocardial dysfunction. LV wall thicknesses are normal.

Left atrium: The left atrium is normal in dimension.

Mitral valve: The mitral valve is normal with no prolapse into the left atrial lumen. No 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.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 120bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

28252

DATE

1/11/23

2-Dimensional Measurements

Ao diam (cm)	2.2
LA diam (cm)	2.4
LA:Ao (Swe)	1.1
IVS thickness (cm)	1.0
LVID diastole (cm)	4.0
PW thickness (cm)	0.9
LVID systole (cm)	3.0
FS (%)	25

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function with no chamber dilation noted. The LV function is borderline for this signalment, which may reflect early cardiomyopathy or may simply be a normal variant. No additional issues are identified. Consider ruling out contributing issues, such as an atypical diet or hyperthyroidism.

No tachycardia is noted throughout the study or on the brief screening ECG. If a persistent arrhythmia is ausculted, extended tracing and/or holter monitor should be considered.

Prognosis is open.



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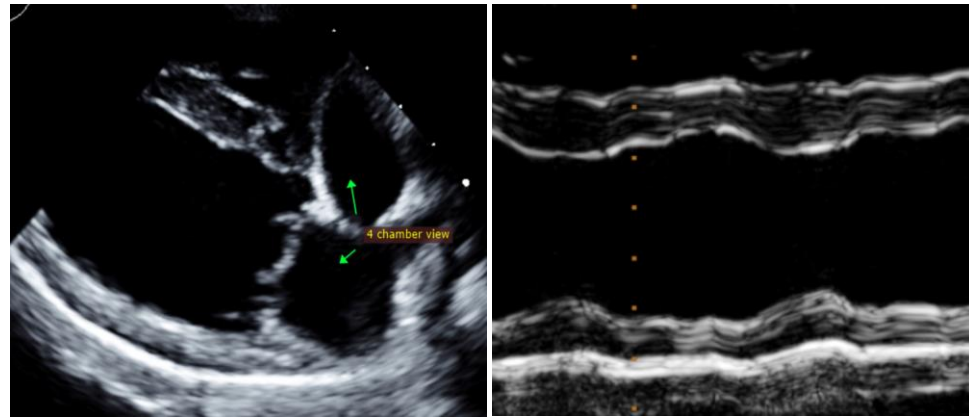
RECOMMENDATIONS

- No cardiac medications are indicated.
- Consider diet, thyroid status as discussed.
- Consider further arrhythmia evaluation if indicated.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a murmur, cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

Recommend recheck echocardiogram in 12 months to screen for any progressive issues.

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.

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)