



**PATIENT**

Lola Noe

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Female Spayed

**AGE**

13 years

**WEIGHT**

72.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Animal General on  
Hudson

**REFERRING VET**

Dr. Zelinski

**INVOICE**

28417

**DATE**

1/18/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Patient with history of DCM (diagnosed in 2021) and hypoalbuminemia. -Current medications: Vetsulin 16 units BID, Enalapril, pimobendan, carprofen, spironolactone, gabapentin.

ECG report: VPC's seen.

Pertinent previous echo findings (MML 6/2022): mild/mod LVE, mod LAE, mod MR, mild RHE, mild TR; LV 5.3/4.1, FS 23, LA 4.0

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild left ventricular dilation with depressed myocardial function and increased sphericity. Normal LV wall thickness. Moderate left atrial enlargement. The mitral valve appears mildly thickened with no prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation. Normal MR velocity. Tricuspid valve appears normal in form and function. Mild right atrial and ventricular dilation. Mild tricuspid regurgitation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity. No aortic or pulmonic insufficiency. Normal RVOT velocity. No pericardial or pleural effusion noted. No obvious cardiac tumors. Intermittent tachycardia throughout.

**CARDIAC CHART**

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.3	NM	1.26	1.75	21	43	0.49
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	80	1.4	1.2	33.0	4.0	4.7	3.8y
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unchanged structural disease. The LV dimensions are similar, with a slight decline in function. The LA is persistently moderately dilated with moderate MR. No additional issues are identified. **Of great concern brief salvos of tachycardia are noted, which in light of VPCs may suggest intermittent VT. An extended tracing is recommended as treatment is likely warranted.**



**PATIENT**

Lola Noe

Continued cardiac support is recommended as previously prescribed. No obvious indication for additional medications at this time. Cases of systolic failure are at high risk for malignant tachyarrhythmias (such as VT or rapid AF) and sudden death, and this should be expressed to the owner. Activity restriction remains advised.

**SPECIES**

Canine

Elective anesthesia is not advised due to high risk for complications.

**BREED**

Golden Retriever

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, worsening labored breathing, abdominal distention, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

**SEX**

Female Spayed

**PLAN**

ECG ASAP. Continue ACEI, Spironolactone, Pimobendan and Taurine as prescribed.

Monitor renal vales and BP every 3-4 months lifelong.

**AGE**

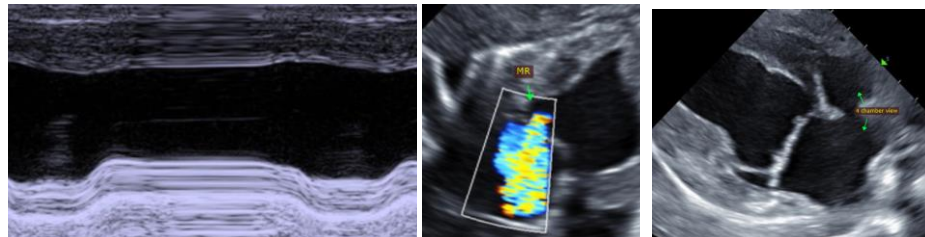
13 years

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical issues arise in the interim.

**WEIGHT**

72.8lbs

**IMAGES**



**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

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.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

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.

**HOSPITAL NAME**

Animal General on  
Hudson

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