



**PATIENT**

Marley Conway

**SPECIES**

Canine

**BREED**

Bernese Mountain Dog

**SEX**

Female Spayed

**AGE**

5 years

**WEIGHT**

89.3lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

28075

**DATE**

1/3/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History perimembraneous VSD with left to right shunting, mild SAS, mildly dilated aortic root, minimally dilated LA on prior echo 11/16/21 (MML). Presently, Marley is doing well at home; good appetite and normal activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 120-130 mmHg. Current medications: Enalapril 10mg 1.5 tabs daily. \*No sedation for study (did pant heavily throughout exam).  
-Pertinent previous echo measurements: LA 3.1 cm; LA:Ao 0.9. LV 5.0 cm; LVOT Vmax 2.7 m/s; VSD Vmax 5.2 m/s.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is increased with adequate myocardial function. LV wall thicknesses are normal. A perimembraneous ventricular septal defect (VSD) persists (6.2cm). The flow is left to right; max velocity 5.05m/s. The IVS appears to be causing a mild LVOT obstruction (see below) similar to SAS.

**Left atrium:** The left atrium is minimally dilated.

**Mitral valve:** The mitral valve is normal with no mitral regurgitation.

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Mildly elevated aortic outflow velocity; laminar flow. Mild aortic insufficiency.

**Right ventricle:** The RV appears mildly dilated with no evidence of hypertrophy.

**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.

**2-Dimensional Measurements**

Ao diam (cm)	3.4
LA diam (cm)	3.0
LA:Ao (Swe)	0.9
IVS thickness (cm)	1.0
LVID diastole (cm)	5.1
PW thickness (cm)	1.0
LVID systole (cm)	3.1
FS (%)	39

**Doppler Measurements**

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	2.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Persistently stable disease is identified in this study. The flow remains high velocity and left to right without progressive left heart enlargement. No additional issues are identified.

Given these findings, prognosis remains guarded long term; however, no progression or volume overload is certainly encouraging. Continuing Enalapril is reasonable going forward.



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RDMS

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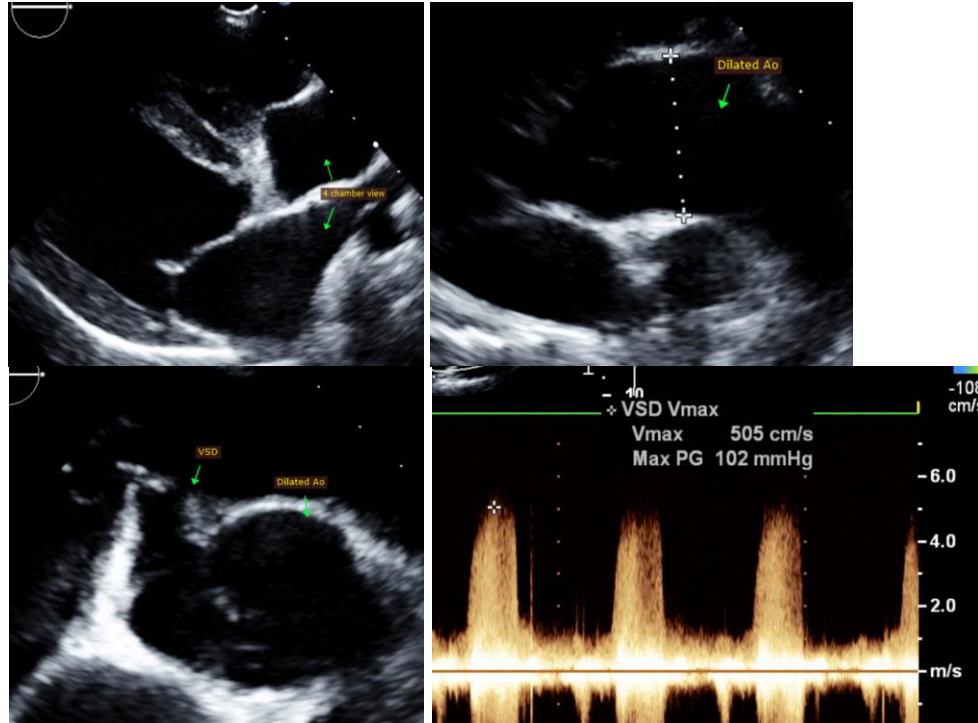
**RECOMMENDATIONS**

- Continue Enalapril as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mildly elevated 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 annual recheck echocardiograms lifelong, sooner if any development of clinical signs.

**IMAGES**



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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.

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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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Bernese Mountain Dog

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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

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