



PATIENT PRESENTING CLINICAL SIGNS

Rock Baker

SPECIES

Canine

BREED

Old English Mastiff

SEX

Male Intact

AGE

7 years

WEIGHT

188lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28061

DATE

1/3/23

History: Recheck echo. History lone/primary atrial fibrillation; mild LV systolic dysfunction in the presence of rapid AF (variable rate). Scant pericardial and pleural effusions. Currently, doing well; no cough, labored breathing, exercise intolerance, or collapse episodes. Good appetite. Current medications: Pimobendan 12.5mg BID, Diltiazem 90mg BID, taurine 1000mg BID. On exam: pronounced arrhythmia--irregularly, irregular, no murmurs noted, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 170-180 mmHg. *Sedated with propofol for study. -Pertinent previous echo findings (8/31/22 MML): LA 5.5 cm ; LA:Ao 1.6; LV 5.6 cm; normal LV size with mild systolic dysfunction, mild-moderate LAE; mild RVE/RAE - possibly secondary to rapid AF; however, early cardiomyopathy is not ruled out.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 170bpm (range 107-230bpm). No identifiable P waves with an irregularly irregular rhythm consistent with atrial fibrillation.

ECG diagnosis: Atrial fibrillation with significant heart rate variability.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal (LVIDdN <1.7) with mild systolic dysfunction. LV wall thicknesses are normal. Mildly increased sphericity.

Left atrium: The left atrium is mild to moderately dilated and bulbous in appearance.

Mitral valve: The mitral valve is normal with no prolapse into the left atrial lumen. Trace 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: Right ventricular is mildly dilated.

Right atrium: RA mildly dilated.

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency.

Pericardium/other: Scant pericardial and no obvious pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	3.3
LA diam (cm)	5.4
LA:Ao (Swe)	1.6
IVS thickness (cm)	1.4
LVID diastole (cm)	5.8
PW thickness (cm)	1.3
LVID systole (cm)	4.4
FS (%)	20-24

Doppler Measurements

PV Vmax (m/s)	0.73
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	NM
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings appear similar. The LV dimensions are similar with potentially a slight decline in systolic function comparatively. Trace MR and TR are unchanged, and no additional issues have developed. Finally, trivial pericardial effusion persists, with is hemodynamically insignificant.



PATIENT
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The ECG is similar to previous as well with a lower average heart rate. This is likely due to Diltiazem therapy, as well as Propofol sedation. No ventricular arrhythmias or other issues are appreciated.

SPECIES
Canine

Given these findings, continue Pimobendan, Taurine and Diltiazem as previously recommended. Prognosis remains guarded long-term; however, relative stability is certainly a good sign in a senior giant breed dog. Patient will always be at risk for progression to congestive heart failure, maglinant arrhythmias and/or sudden death going forward.

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RECOMMENDATIONS

- Continue Pimobendan, Taurine, and Diltiazem as previously recommended.
- Omega fatty acid supplementation may be of some long-term benefit.
- Anesthesia is not advised at this time.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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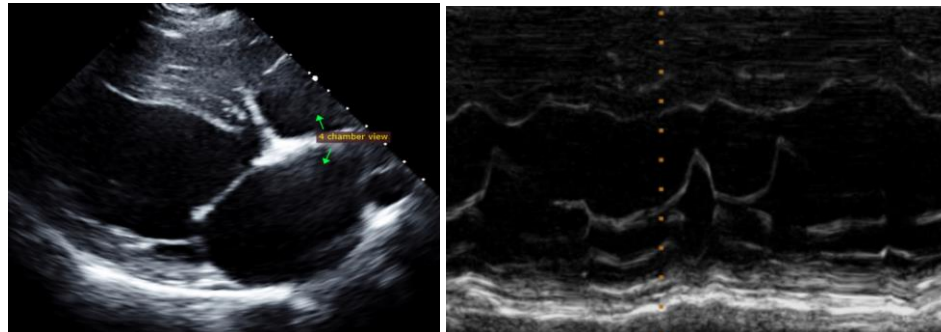
PLAN

- Monitor heart rate every 4-6 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram and ECG in 6 months, sooner if any development of clinical signs.

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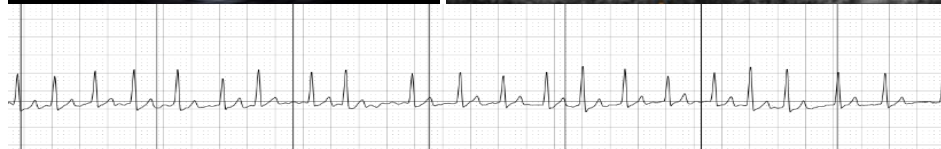
IMAGES

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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.

REFERRING VET
Dr. Masloski

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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1/3/23

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