



PATIENT

Bostie Benard

SPECIES

Canine

BREED

Redbone Coonhound

SEX

Female Spayed

AGE

10 years

WEIGHT

77.23lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

26836

DATE

10/11/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History normal cardiac structure and function on prior echocardiograms. History isolated VPCs. History hypothyroidism. Currently, Bostie is doing well at home - good appetite; however, shorter walks that previously. Grade II/VI murmur heard; BP 200mmHg x 5 (stressed). Medications: 1) Apoquel 16mg 1 tab am with 1/2 tab pm 2) Vitamin E daily 3) Thyroxine 0.7mg 1 tab twice a day *No sedation for study.
-Pertinent previous echo findings (8/24/21 MML): LA 2.9 cm; LA:Ao 1.3; LV 3.7 cm; normal chamber sizes and function; trace, central MR.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is normal with trace central MR.

Aortic valve/Aorta: The aortic valve is normal with normal 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. No VPCs seen.

2-Dimensional Measurements

Ao diam (cm)	2.4
LA diam (cm)	2.7
LA:Ao (Swe)	1.1
IVS thickness (cm)	1.4
LVID diastole (cm)	3.3
PW thickness (cm)	1.4
LVID systole (cm)	1.6
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Persistently normal cardiac structure and function are identified in this study. No change from the previous is appreciated.

No obvious VPCs are noted throughout the study or on a brief screening ECG. Consider occasional holter monitoring as the gold standard test.

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for



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predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

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RECOMMENDATIONS

- No cardiac medications are clearly indicated at this time.
- Consider holter monitor as discussed.
- Fish oil supplementation is recommended for dogs with arrhythmias (1000-2000mg of omega 3 and 6 once to twice daily).
- If further evaluation is not performed, anesthetic risk is considered moderately elevated. Avoid ketamine, telazol, Dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia (CRI 50–75mcg/kg/min).
- Monitor at home for collapse, exercise intolerance, and/or lethargy.

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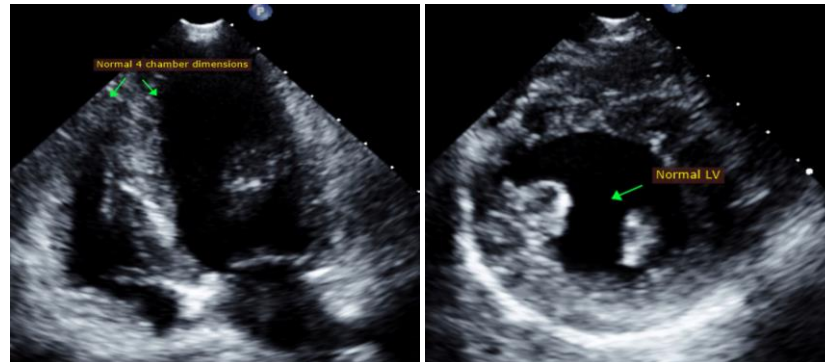
PLAN

- Recheck ECG every 6 months.
- Recheck echocardiograph is recommended annually, sooner if any clinical signs arise.

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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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

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.

REFERRING VET

Dr. Masloski

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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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