



PATIENT

Oscar Robinson

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

5 years

WEIGHT

85lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

21617

DATE

10/20/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mildly depressed LV systolic function, query early disease vs normal variant. Current presentation: Oscar is doing well. Diet: Royal Canin Labrador food. The previously elevated ProBNP level has returned to within normal limits. CV/RESP: NSR, no murmurs noted, PSS, lung fields clear. BP: 210-220 mmHg. Medications: Taurine 1000mg twice a day. *No sedation for study.

-Pertinent previous echo findings (10/27/20 MML): History of grain-free diet/ mildly depressed LV function. LA 2.8 cm; LA:Ao 1.1; LV 4.1 cm; normal LA size; normal LV size with borderline systolic function (FS 26.8%).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with borderline systolic function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

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; no evidence of pulmonary arterial hypertension.

Right atrium: No RA dilation.

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 110bpm.

2-Dimensional Measurements

Ao diam (cm)	2.6
LA diam (cm)	3.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.0
LVID diastole (cm)	4.0
PW thickness (cm)	1.0
LVID systole (cm)	2.9
FS (%)	26

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Unchanged cardiac structure and function. The LV dimensions remain normal with mild dysfunction. Given a lack of progression over serial studies, this is considered to be most likely a normal variant. Continuing the Taurine is debatable at this point given a return to normal BNP level and a lack of significant improvement with the supplement. This can likely be safely discontinued; however, there is also no downside in continuation. Discussion with the owner is advised given a lack of scientific guidance at this point.

Prognosis is open pending monitoring of progression. No additional medications are indicated.



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

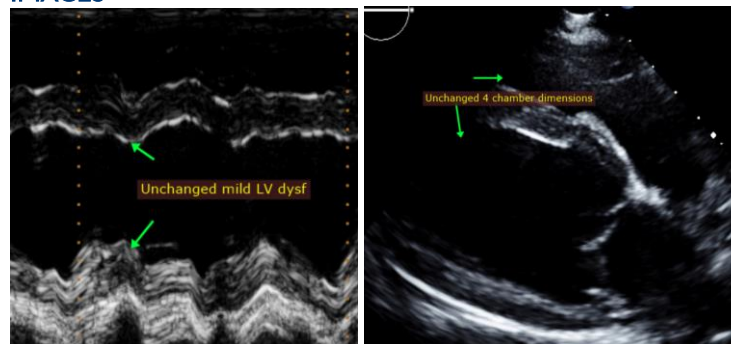
RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Consider continue versus discontinue Taurine as discussed.
- Reassess BP as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild 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 a recheck echocardiogram annually, sooner if any clinical signs or a heart murmur arise.

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.

Maggie Machen Lamy, DVM



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Oscar Robinson

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info@sonopath.com

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

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