



PATIENT

Max Aquino

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

13 years

WEIGHT

93lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Littleton Animal
Hospital

REFERRING VET

Dr. Brooks

INVOICE

27023

DATE

10/20/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease- Stage B1 with mild-moderate MR and mild TR with normal LA size. Also, history of VPCs. Currently doing well. On Doxycycline 150 mg PO BID for new Anaplasma positive dx. BP: 170-180mmHg * Sedated with Zenalpha 2.4cc -Pertinent previous echo findings (4-7-22 MML): LA 3.3 cm, LA/Ao 1.3, LV 3.9 cm. TR Vmax 2.11 m/s.

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 80bpm (range 35-100bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. Isolated premature beats throughout; singles only. Relatively narrow complex QRS morphology may suggest an atrial origin. ECG diagnosis: Normal sinus rhythm with respiratory variation (heavy sedation). Isolated premature beats; rule out APCs v VPCs.

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 mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with a normal velocity.

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 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 bpm.

2-Dimensional Measurements

Ao diam (cm)	2.8
LA diam (cm)	3.8
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.9
LVID diastole (cm)	4.3
PW thickness (cm)	0.9
LVID systole (cm)	2.6
FS (%)	40

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.0
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with continued stability. The LA is slightly increased comparatively; however, remains in the mild category. Quantitatively the MR is unchanged. No TR is appreciated, and additional issues identified.



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Max Aquino Prognosis remains highly variable at this stage (B1).

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The ECG shows a similar rhythm, with isolated premature beats throughout. The morphology on this tracing is more convincing for an atrial origin than previous (ie APCs); however, a 6 lead tracing would be necessary to be definitive. A combination is also possible (ie both APCs and VPCs). Regardless, the findings appear similar with only single beats not clearly warranting therapy. Reconsider work up as previously discussed including a holter monitor.

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Consider systemic evaluation, holter as discussed previously.
- Fish oil supplementation is recommended for dogs with arrhythmias (1000mg of omega 3 and 6 once to twice daily).
- Monitor at home for collapse, exercise intolerance, and/or lethargy.
- 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.

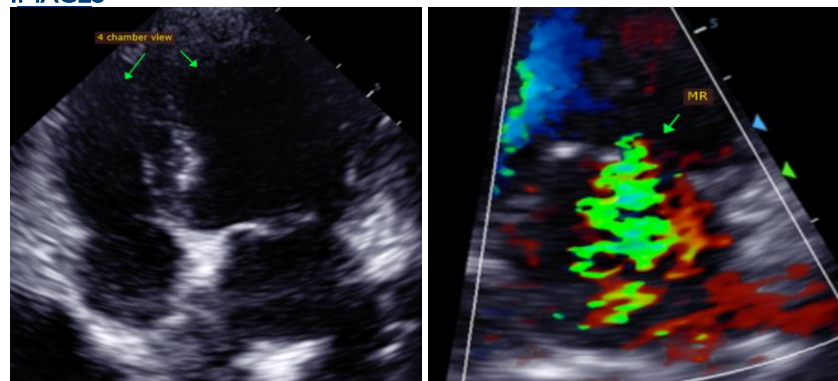
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PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES



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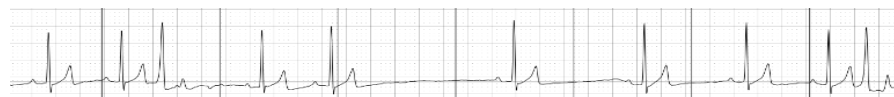
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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