



PATIENT

Rider Cyr

SPECIES

Canine

BREED

Boxer

SEX

Male Intact

AGE

4 years

WEIGHT

77.7lbs

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

21715

DATE

10/26/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Unremarkable echo done at 8 months of age after slipping in the snow/ice with thrashing event (no loss of consciousness) and potential collapse. Current presentation: Doing very well at home without any issues. Good appetite and energy. No collapse episodes. Needs surgery for mass removal. On exam, no murmurs or arrhythmia noted. BP: 120mmHg x 2.

-Current medications: Benadryl, 2 t BID (allergies); Fish oil BID; Vetri Cardiac Supplement BID
*Sedated with propofol for study.

-Pertinent previous echo findings (1/2/18 NM, DACVIM): LA 2.42cm; LA:Ao 1.05; LV 4.2 cm; normal chamber sizes and valvular structure/function. LVOT velocity at upper limit (1.8 m/s).

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

Performed pre-sedation. A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 140bpm (range 115-188bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is normal. 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 diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

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

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)	2.3
LA diam (cm)	2.5
LA:Ao (Swe)	1.1
IVS thickness (cm)	1.0
LVID diastole (cm)	3.6
PW thickness (cm)	1.1
LVID systole (cm)	2.7
FS (%)	25

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	0.87
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. The systolic function is borderline (even when reassessed in recovery), which is likely a normal variant or due to residual sedation;



PATIENT however early disease cannot be ruled out without serial studies. The overall dimensions are normal without LA or LV enlargement and no significant valvular insufficiencies were noted. It is reasonable to monitor periodically via recheck echocardiography in the future.

Rider Cyr

SPECIES The ECG is unremarkable, with a normal sinus rhythm. No ventricular ectopy is identified at this time.

Canine

Prognosis is open.

BREED

Boxer

RECOMMENDATIONS

- No cardiac medications are indicated at this time.
- Recommend avoid non-traditional diets in this patient lifelong.
- Monitor for any development of cough, labored breathing or exercise intolerance.
- No cardiac contraindication for general anesthesia.

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Male Intact

PLAN

- Recommend recheck echocardiogram in 12 months to screen for any progressive changes ideally without sedation; consider gabapentin/butorphanol as a potential alternative if possible.

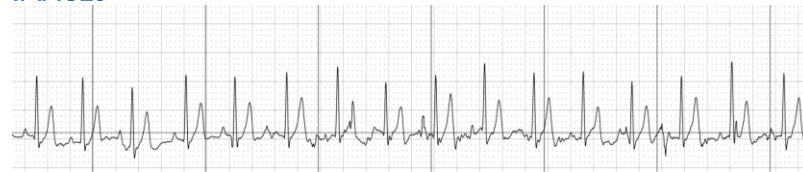
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IMAGES

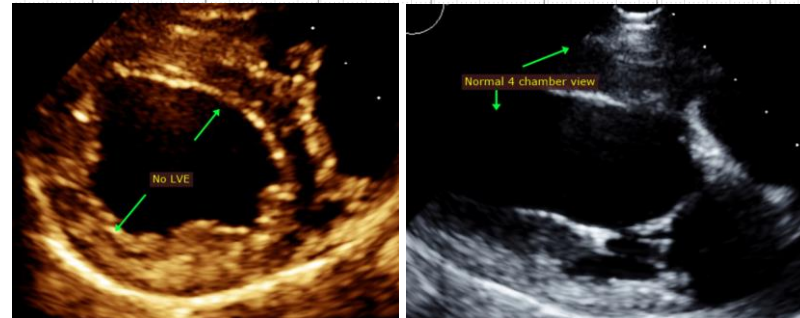
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INVOICE

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