



PATIENT

Kaizer Burns

SPECIES

Canine

BREED

German SH Pointer

SEX

Male Neutered

AGE

3 years

WEIGHT

63.6lbs

PRESENTING CLINICAL SIGNS

History: Kaizer is referred to evaluate a heart murmur. He is doing well with a good appetite and activity level. On exam, NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 120mmHg x 3. *Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with mildly depressed myocardial 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 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.

2-Dimensional Measurements

Ao diam (cm)	2.5
LA diam (cm)	2.7
LA:Ao (Swe)	1.1
IVS thickness (cm)	1.0
LVID diastole (cm)	3.7
PW thickness (cm)	1.0
LVID systole (cm)	2.8
FS (%)	24

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

26727

DATE

10/5/22

INTERPRETATION OF THE FINDINGS

The only abnormality identified is mildly depressed myocardial function for this signalment. There is no left atrial or ventricular enlargement and no significant valve leaks are noted. That being said, the patient was assessed under heavy sedation and even with relatively cardiac-protective drug choices, systolic function may be impacted to some degree. Regardless, what is seen here is mild without any cardiac enlargement and does not warrant therapy at this time. Additionally, no cause for the murmur is identified, making it likely physiologic in origin (also masked by sedation).

Consider screening for causes of systolic dysfunction, such as thyroid disease or an atypical diet (BEG options).

Close monitoring for progression is advised as any increase in LA/LV dimension or decrease in function will lead to the recommendation of Pimobendan.

Prognosis is guarded prior to assessing for progression in the future.



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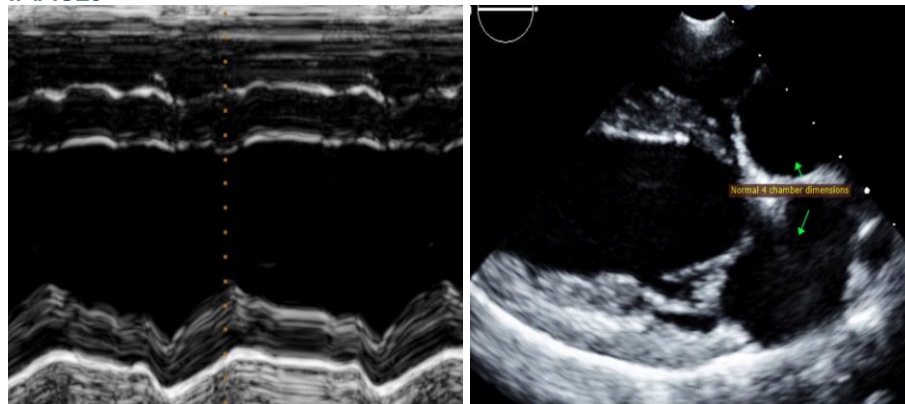
RECOMMENDATIONS

- No medications are indicated.
- Consider screening for thyroid disease, diet, etc.
- Omega fatty acid supplementation may also be of some long-term benefit in dogs predisposed to arrhythmias.
- 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 recheck echocardiogram ideally without sedation in 6 months, sooner if any development of clinical signs.

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.

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Echocardiogram performed by:

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