



PATIENT

Griffin Slessler

SPECIES

Canine

BREED

Labradoodle

SEX

Female Spayed

AGE

9 years

WEIGHT

61.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

22179

DATE

11/24/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History reduced LV systolic function, normal LA size on prior echocardiogram. Currently, Griffin is doing very well at home with no coughing or dyspnea. Good appetite and remains active and playful. No collapse episodes. CV/RESP: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 190mmHg x 5.
-Current medications: 1) Taurine 1000mg twice a day 2) Apoquel 16mg 1 tab daily 3) Pimobendan/vetmedin 7.5mg 1 tab twice a day *No sedation for exam.
-Pertinent previous echo findings (2/24/21 MML): LA 2.56 cm; LA:Ao 1.06; LV 4.6 cm; LVOT 2.3 m/s

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with mild to moderate systolic dysfunction. LV wall thicknesses are normal. Mildly increased sphericity.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is normal with no prolapse into the left atrial lumen. Mild mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly elevated 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.

Pulmonary 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	2.3
LA diam (cm)	2.3
LA:Ao (Swe)	1.0
IVS thickness (cm)	1.2
LVID diastole (cm)	4.4
PW thickness (cm)	1.0
LVID systole (cm)	3.5
FS (%)	20

Doppler Measurements

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	2.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Persistently stable disease. The LV dimension and function are slightly improved comparatively, which is good news. The LA remains normal, and no additional issues are identified.

Given these findings, continue Pimobendan and taurine lifelong with no obvious indication for additional medications. Prognosis remains guarded long term with risk for progression to CHF, development of arrhythmias, syncope and/or sudden death in the future.



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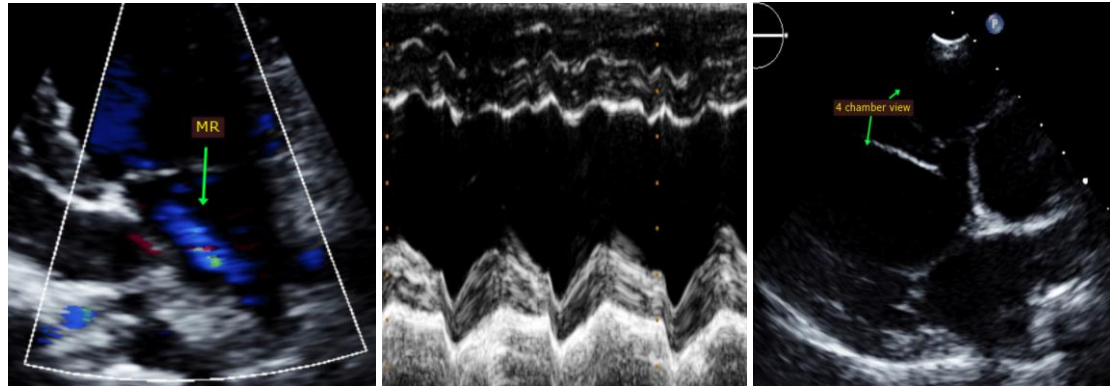
RECOMMENDATIONS

- Continue Pimobendan and Taurine as prescribed.
- Omega fatty acid supplementation 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 in 6-12 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.

Maggie Machen Lamy, DVM
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Echocardiogram performed by:

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