

PATIENT

Charlie Bazarian

SPECIES

Canine

BREED

Mix

SEX

Male Neutered

AGE

11 years

WEIGHT

84lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Hauser

INVOICE

22187

DATE

11/28/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of improved LV systolic function on prior echocardiogram, mild valvular disease suspected. ECG showed occasional VPCs, and sinus pauses with escape beats. Currently, Charlie is doing well.
-Pertinent previous echo findings (12/12/20 MML): LA 3.0 cm; LA:Ao 1.2; LV 4.7 cm; trace MR; mild TR; normal LA size.
-Current medications: Enalapril 10mg q12h; Pimobendan 10mg q12h. (recently restarted).

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, 10mm/mV. The average heart rate is 100bpm (range 50-115bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. Occasional sinus pauses with a junctional escape focus firing. The P and QRS morphologies are positive. Two definitive VPCs are identified (see below) with an instantaneous HR of 190bpm. No supraventricular ectopic beats, extended pauses or other dysrhythmias observed. ECG diagnosis: Profound respiratory sinus arrhythmia with occasional escape foci. Isolated VPC's.

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 normal.

Mitral valve: The mitral valve is mildly thickened with trace/mild eccentric MR.

Aortic valve/Aorta: The aortic valve is normal with normal 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 mildly thickened with mild 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 100bpm. NSR.

2-Dimensional Measurements

Ao diam (cm)	2.9
LA diam (cm)	3.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.2
LVID diastole (cm)	4.8
PW thickness (cm)	1.2
LVID systole (cm)	3.2
FS (%)	33

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NM
TR Vmax (m/s)	2.6
TR PG (mmHg)	20



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INTERPRETATION OF THE FINDINGS

Essentially unchanged cardiac structure and function. The LV dimensions are similar to the prior study without evidence of progression and the LV function is adequate. MR/TR remain subclinical, without progression. No additional issues are identified.

The ECG is unchanged from previous, with evidence of both high vagal tone and occasional isolated VPCs. No extended pauses or other issues are identified.

Given that the patient has only recently been restarted on medications, recommend discontinue at this time. This patients' dimensions and function are essentially normal, although follow up is advised given MR and TR.

Prognosis is open long-term.

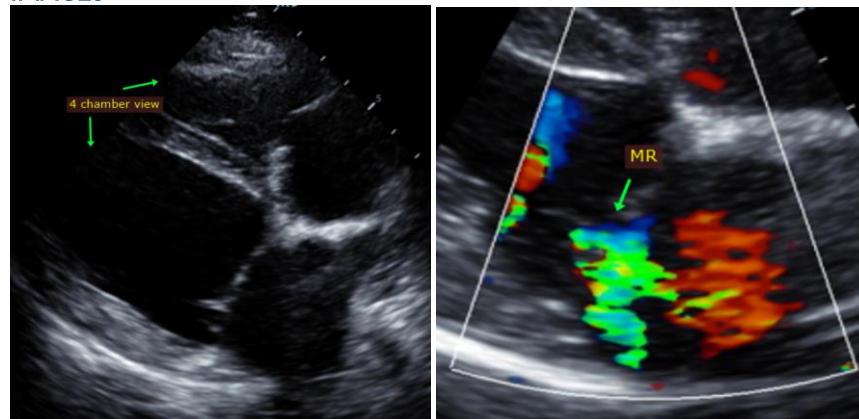
RECOMMENDATIONS

- No obvious indication to continue medications at this time.
- Continue fish oil supplementation as previously recommended.
- Anesthetic risk remains moderately elevated due to VPCs. Avoid ketamine, telazol, Dexdomitor (or other alpha-2 agonists) and acepromazine. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Consider pre-medicate with a low dose of a vagolytic due to presumably high vagal tone. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia (CRI 50–75mcg/kg/min).
- Monitor at home for collapse, exercise intolerance, and/or lethargy.

PLAN

Recommend recheck echocardiogram annually, sooner if a significant murmur or signs of cardiac compromise are noted in the interim.

IMAGES





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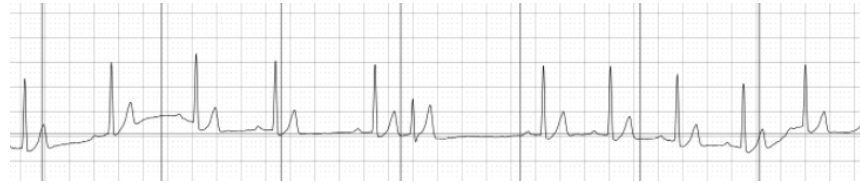
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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