



PATIENT

Brooke Hopkins

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

10 years

WEIGHT

60lbs

PRESENTING CLINICAL SIGNS

History: Chronic cystitis, NUQ-123+ (Heska). CBC/Chem WNL. Current meds: Levothyroxine 0.6mg SID. History Sub- aortic stenosis as puppy. No murmur. BP: 148, 151, 155mmHg. No clinical signs. *Having bi-cavity ultrasound exams.

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 diffusely thickened with no prolapse into the left atrial lumen. Mild central 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 120bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	2.3
LA diam (cm)	2.6
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.8
LVID diastole (cm)	4.1
PW thickness (cm)	0.8
LVID systole (cm)	2.7
FS (%)	34

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	NM
TR Vmax (m/s)	2.2
TR PG (mmHg)	20

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild mitral and trace tricuspid regurgitation is identified. The disease is subclinical, without a reported murmur or evidence of cardiac remodeling. Lack of significant left atrial enlargement indicates the current risk for complication is low. No other significant issues are identified, and the **aortic outflow velocity and appearance is normal.**

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

RECOMMENDATIONS

- In a dog without significant left atrial enlargement, no cardiac medications are clearly indicated.

HOSPITAL NAME

Halifax Vet Service

REFERRING VET

Dr. Hopkins

INVOICE

27660

DATE

11/28/22



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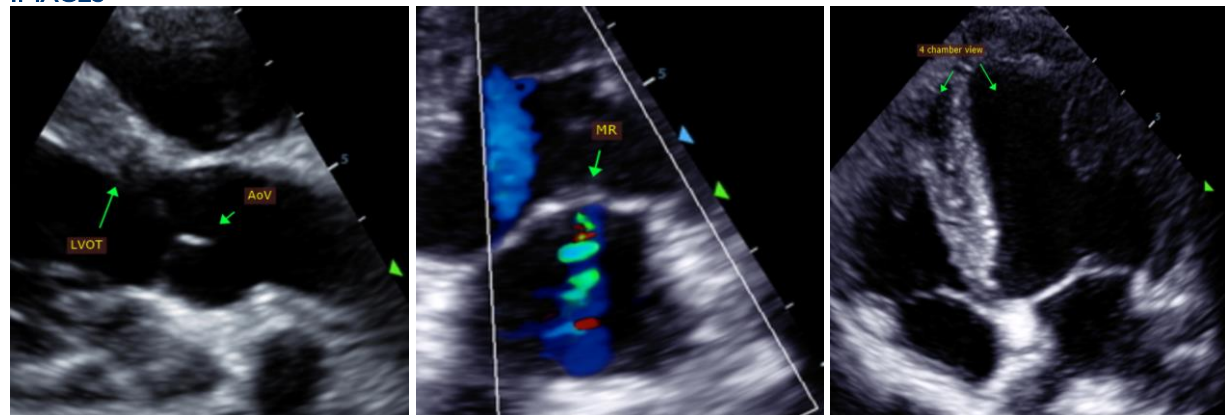
11/28/22

- Omega fatty acid supplementation and mild salt restriction 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
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com