



**PATIENT**

Phoebe Copella

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Female Spayed

**AGE**

6 years

**WEIGHT**

65lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

27681

**DATE**

11/29/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History ARVC with normal cardiac structure and function. VPCs controlled on Sotalol. Current presentation: doing well at home; no exercise intolerance, labored breathing, collapse, etc. Good appetite and energy level. On exam: transient arrhythmia, no murmurs noted, PSS, lung fields clear. BP: 150-160mmHg. Medications: 1) Sotalol 80mg 1/2 tab twice a day 2) Taurine 2000mg twice a day \*No sedation for study. -Pertinent previous echo measurements (1/18/22 Carley Saelinger, VMD, DACVIM-Cardiology): LA 3.0 cm; LA:Ao 1.43; LV 3.98 cm. No VPCs noted on prior screening ECG at time of echo.

**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 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:** Right ventricle is prominent.

**Right atrium:** The RA is prominent.

**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 130bpm.

**2-Dimensional Measurements**

Ao diam (cm)	2.0
LA diam (cm)	2.9
LA:Ao (Swe)	1.5
IVS thickness (cm)	1.0
LVID diastole (cm)	3.8
PW thickness (cm)	1.0
LVID systole (cm)	2.4
FS (%)	37

**Doppler Measurements**

PV Vmax (m/s)	0.94
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, findings appears similar. The overall cardiac dimensions and function are normal with a prominent right heart. No significant dilation or dysfunction are appreciated, and no additional issues are identified.

A brief screening ECG shows a normal sinus rhythm. Even in an asymptomatic patient, serial holter monitoring is advised to ensure the arrhythmia is well controlled.

Prognosis remains guarded long-term, although highly variable with ARVC.



**PATIENT**

Phoebe Copella

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Female Spayed

**AGE**

6 years

**WEIGHT**

65lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

27681

**DATE**

11/29/22

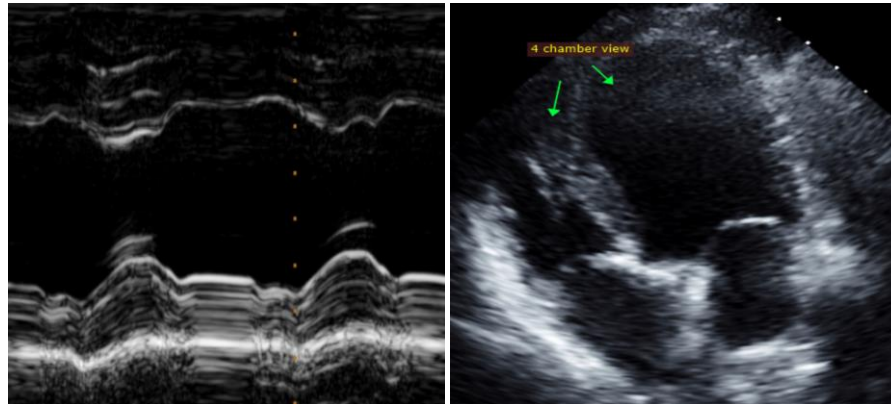
**RECOMMENDATIONS**

- Continue Sotalol and Taurine as prescribed.
- Fish oil supplementation is recommended for dogs with arrhythmias (1000mg of omega 3 and 6 once to twice daily as tolerated).
- Consider intermittent holter monitoring as discussed.
- Monitor at home for collapse, exercise intolerance, and/or lethargy.
- Lifelong activity restriction is advised.

**PLAN**

- Monitor ECG/holter monitor every 6 months.
- Recheck echocardiogram are recommended in 6-12 months, sooner if any development of associated 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

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