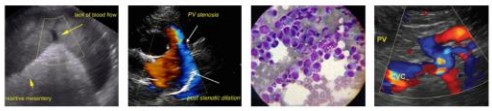
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Lola Dickinson

SPECIES
Canine

BREED
Labrador Retriever Mix

SEX
Female Spayed

AGE
9 years

WEIGHT
84lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wood River Animal Hospital

REFERRING VET
Dr. Fischer

INVOICE
27781

DATE
12/2/22

PRESENTING CLINICAL SIGNS

History: New II/VI systolic murmur noted at sedated radiographs for likely CCL repair. No clinical signs. Healthy in past other than slight elevation in ALT (historical and before NSAIDS) Current meds: Meloxicam, Gabapentin.

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 mildly increased.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace/mild 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: The RV wall thickness is mildly increased.
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)	2.6
LA diam (cm)	2.8
LA:Ao (Swe)	1.1
IVS thickness (cm)	1.4
LVID diastole (cm)	3.6
PW thickness (cm)	1.4
LVID systole (cm)	2.5
FS (%)	29

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

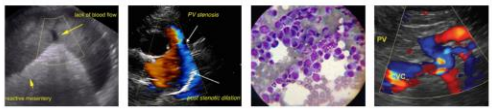
INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing trace/mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. Of potentially greater concern, both the LV and RV appear mildly hypertrophied. This may be a normal variant, may suggest systemic hypertension or may be due to volume abnormalities. A baseline BP and lab work is recommended, if not recently performed. No additional issues are identified.

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

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Baseline BP and lab work are recommended.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.



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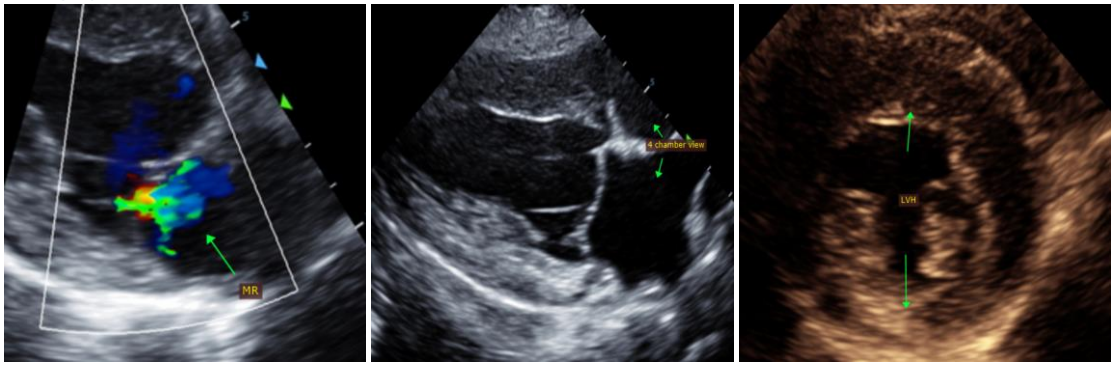
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and 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