



**PATIENT**

Arlo Starr

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Male Intact

**AGE**

~1.5 years

**WEIGHT**

64.4lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

22316

**DATE**

12/7/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History mitral valve dysplasia; history mild LV systolic dysfunction. Current presentation: Arlo has been doing well at home. A bit lethargic but remains active. CV/RESP: NSR grade III/VI murmur with PMI left apical area---growling throughout exam PSS, lung fields clear. BP: 240-250mmHg.  
-Current medications: 1) Pimobendan/vetmedin 15mg 1/2 tab twice a day 2) Probiotic 3) Taurine 1000mg 1 tab every other day \*No sedation for study.  
-Pertinent previous echo findings (6/1/21 MML): LA 3.1 cm; LA:Ao 1.48; LV 4.2 cm; mild LAE; mild-moderate MR.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.  
**Left ventricle:** The LV diameter is mildly borderline increased with moderately depressed myocardial function. Increased LV sphericity. LV wall thicknesses are normal.  
**Left atrium:** The left atrium is moderately dilated.  
**Mitral valve:** The mitral valve is mildly thickened with abnormal motion during closure. Mild to moderate mitral regurgitation with a normal velocity.  
**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 mildly thickened with trace 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 140bpm.

**2-Dimensional Measurements**

Ao diam (cm)	2.1
LA diam (cm)	3.8
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.8
LVID diastole (cm)	4.7
PW thickness (cm)	0.8
LVID systole (cm)	3.8
FS (%)	19

**Doppler Measurements**

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	6.2
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Unfortunately compared to the prior study there is evidence of progression. While the MR is stable, the LA and LV dimensions are increased comparatively with progressive LV dysfunction. No additional issues are identified.

Given these findings, I would continue Pimobendan and Taurine as previously recommended. The blood pressure on this exam is severely elevated (was normal previously), which is difficult to explain in a 1-year-old dog. If this is thought to be an accurate reading, consider institution of Amlodipine to effect. If the patient was highly stressed (growling noted on exam), consider reassess as a sole visit potentially utilizing



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Gabapentin prior to presentation. No obvious indication for additional medications at this time. This progression certainly does limit prognosis with risk for development of CHF, malignant arrhythmias, and/or sudden death going forward.

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**RECOMMENDATIONS**

- Continue Pimobendan and Taurine as prescribed.
- Consider reassess BP versus institute Amlodpine as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered moderate 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.

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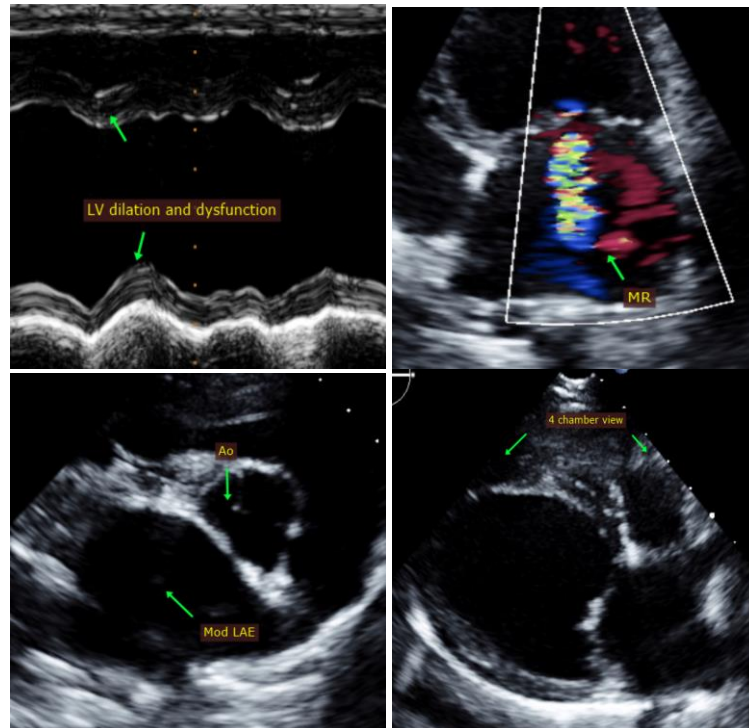
**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

**IMAGES**

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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.

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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.

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Poodle Mix

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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

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