



PATIENT

Robison Bailey

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

11 years

WEIGHT

90.1lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28689

DATE

2/1/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History normal cardiac structure and function for elevated ProBNP levels. Presently, doing well with no clinical issues; normal respirations, good appetite and energy level. Grade I/VI heart murmur; normal lung sounds. BP: 110mmHg x 5. Meds: Miloxicam, Plycox. *Sedated with gabapentin and trazadone for study.
-Pertinent previous echo findings (9/22/2`1 MML): LA 2.7 cm; LA:Ao 1.1; LV 4.5 cm; FS 40%.

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, 20mm/mV. The average heart rate is 80bpm (range 60-100bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. In a three-minute tracing, a single VPC is identified. No additional dysrhythmias observed.

ECG diagnosis: Respiratory sinus arrhythmia with a single isolated VPC.

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: Normal left atrium dimension.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace central mitral regurgitation. 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 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.

2-Dimensional Measurements

Ao diam (cm)	2.5
LA diam (cm)	3.4
LA:Ao (Swe)	1.36
IVS thickness (cm)	1.0
LVID diastole (cm)	4.3
PW thickness (cm)	1.0
LVID systole (cm)	2.9
FS (%)	43

Doppler Measurements

PV Vmax (m/s)	0.67
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.6
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings appear similar. The LA is slightly increased comparatively; however, remains essentially normal. The LV function is intact, and no additional issues are identified.

On an extended ECG tracing, a single VPC is identified. This is of low clinical concern given a relatively infrequent finding in a senior dog. That being said, a holter monitor



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would be the only way to fully understand the extent of the arrhythmia and can be considered in the future, particularly should any syncope develop.

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Prognosis is open.

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RECOMMENDATIONS

- Given these findings, no cardiac medications are indicated.
- Consider a holter monitor, particularly if syncopal episodes are noted.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

SEX

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PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 1 year to ensure no progression is seen. If persistently unchanged, further reassessment is likely unnecessary.

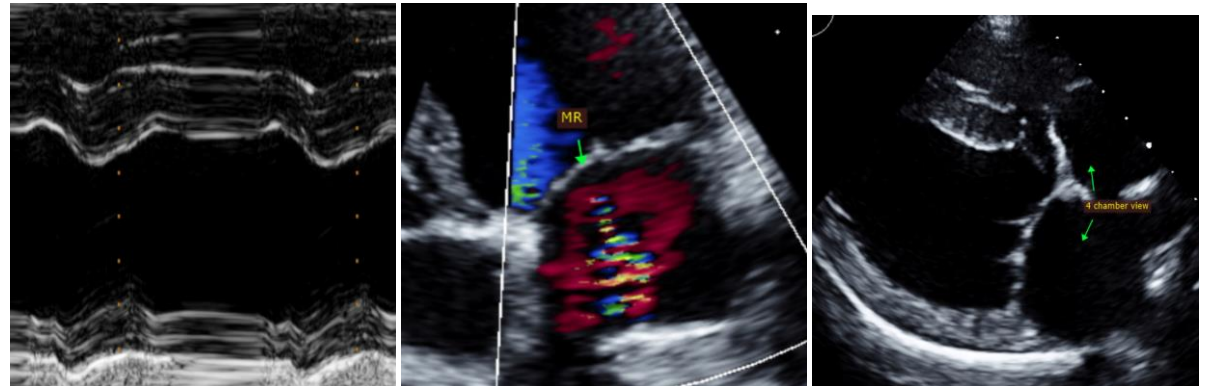
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

Labrador Retriever

Maggie Machen Lamy, DVM
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info@sonopath.com

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

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