



PATIENT

Simba Kopeski

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Male Neutered

AGE

11 years

WEIGHT

104lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Serra

INVOICE

22533

DATE

2/13/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Current status: Simba has bilateral testicular tumors - neutering being considered. He also needs dental prophy. His murmur has increased in intensity since his previous echo. ProBNP WNL.
-Pertinent previous echo findings (12/2/2019 MML): LA 3.84 cm; LA;Ao 1.4; LV 5.1 cm; mild LAE; mild MR; no TR.

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, 10mm/mV. The average heart rate is 100bpm (range 46-125bpm). The underlying rhythm is sinus in origin with brief sinus pauses. Occasional escape beats are noted with 1 slightly premature beat. The ectopic beats appear junctional in origin.
ECG diagnosis: Suspect profound respiratory sinus arrhythmia with escape foci. Possible occasional premature beats.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with mildly depressed myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Moderate eccentric 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 mild 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.

2-Dimensional Measurements

Ao diam (cm)	3.0
LA diam (cm)	5.0
LA:Ao (Swe)	1.64
IVS thickness (cm)	1.3
LVID diastole (cm)	5.4
PW thickness (cm)	1.3
LVID systole (cm)	4.1
FS (%)	24

Doppler Measurements

PV Vmax (m/s)	0.72
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.4
TR Vmax (m/s)	2.4
TR PG (mmHg)	23

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and mild tricuspid regurgitation. Compared to the prior study, there is evidence of progression; however, this is not surprising given the time frame. In addition to increasing left heart dimensions,



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there is also mild systolic dysfunction identified, which is commonly seen in large breed dogs with valve disease. No additional issues are identified.

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The ECG is most consistent with high vagal tone. In a non-sedated dog, causes of high vagal tone can be considered, such as primary respiratory or neurologic issues. High vagal tone causes brief sinus pauses which in this patient are resulting in an escape focus firing. This is considered an appropriate response, rather than a pathologic finding. One of the ectopic beats is slightly premature; however, as an isolated instance this is of little concern. Recommend premedicate prior to anesthesia using a vagolytic. If the response is normal with a significant increase in sinus rate, no further evaluation is necessary. If the response is abnormal or lack luster, procedure should be aborted and a holter monitor considered.

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Given LA dilation, Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

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RECOMMENDATIONS

- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, anesthetic risk is considered mild pending a normal atropine premedication. 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.
- 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.

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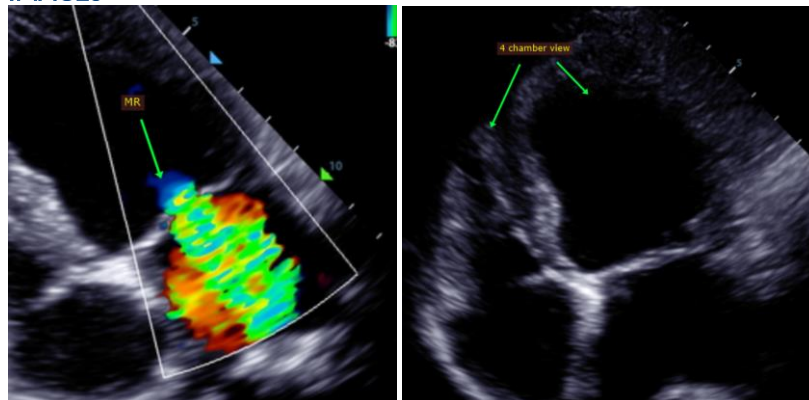
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IMAGES





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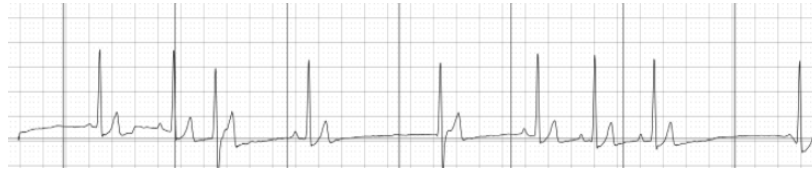
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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