



PATIENT

Wen Harmon

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

6 years

WEIGHT

87lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

29166

DATE

2/22/23

PRESENTING CLINICAL SIGNS

History: Wen was noted to develop a second-degree AV block when he was sedated for a dental in October 2022. He was given torbugesic and Dexdomitor followed by propofol and maintained on isoflurane. History of hypothyroidism, well controlled. The owner feels he has always been panting and breathing heavily since puppyhood. Good appetite and normal activity level. Overweight. On exam: NSR, no murmurs noted, PSS, lung fields clear mm pink, moist, CRT<2. BP: 220 mmHg x 5 (anxious). Current medications: Thyroxine 0.5mg 1 tab daily *Sedated with propofol for study.

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 130bpm (range 115-166bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation.

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 mildly thickened with no prolapse into the left atrial lumen. No MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity depending on heart rate; 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)	2.4
LA diam (cm)	2.8
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.9
LVID diastole (cm)	3.7
PW thickness (cm)	0.9
LVID systole (cm)	2.6
FS (%)	30

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. The overall dimensions are normal with no evidence of significant structural disease. Follow up is advised should a murmur be ausculted in the future. No additional issues are identified.



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The ECG is unremarkable with a normal sinus rhythm. No AV block or dysrhythmias are observed. These findings would suggest AV block during the prior anesthetic event was likely a drug reaction. Highly recommend avoid Dexdomitor for future procedures as the likely culprit.

SPECIES
Canine

- RECOMMENDATIONS**
- No cardiac medications are clearly indicated.
 - No cardiac contraindication for general anesthesia. Recommend avoid Dexdomitor and premedicate with a vagolytic.
 - Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

BREED
Golden Retriever

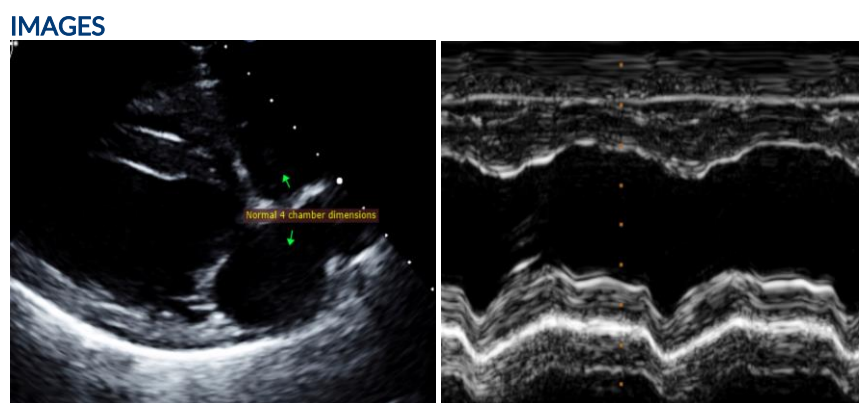
SEX
Male Neutered

- PLAN**
- Recommend conservative monitoring with a recheck echocardiogram should a murmur or signs of cardiac compromise be noted in the future.

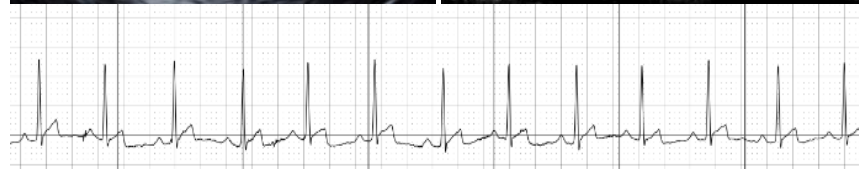
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET
Dr. Masloski

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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2/22/23

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