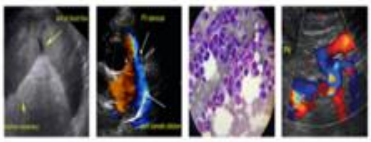
Mass Veterinary Services



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

PATIENT
June Compton

SPECIES
Canine

BREED
Labrador Retriever

SEX
Female Spayed

AGE
11 years

WEIGHT
66.5lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
22430

DATE
2/8/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Current presentation: June is presently doing well at home with no issues noted. She continues to eat well and be active. On auscultation: NSR, no murmur noted, PSS, lung fields clear. BP: 140mmHg x 4.
-Current medications: Mexiletine 150mg 1 capsule three times a day 2) pimobendan 10mg 1 tab twice a day 3) sotalol 80mg 1/4 tab twice a day 4) taurine 1000mg twice a day 5) DES 1mg weekly 6) Galliprant 60mg 1 tab daily *No sedation for study.
-Pertinent previous echo findings (8/16/21 MML): LA/LV dilation and systolic dysfunction with overall stable disease. History frequent ventricular ectopy/AIVR.

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 of 75bpm (range 44-100bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. Isolated VPCs throughout. Frequent ventricular beats throughout without a tight coupling interval; highest instantaneous heart rate recorded is 150bpm. No truly premature beats, couplets, triplets or runs of VT are appreciated. No supraventricular ectopic beats, pauses or other dysrhythmias observed. ECG diagnosis: Respiratory sinus arrhythmia with suspect AIVR.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with increased sphericity. Mild systolic dysfunction. LV wall thickness is mildly decreased.
Left atrium: The left atrium is moderately enlarged.
Mitral valve: The mitral valve is mildly thickened; mild anterior-directed MR. Normal velocity.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace 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.
Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trivial 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)	2.7
LA diam (cm)	4.8
LA:Ao (Swe)	1.7
IVS thickness (cm)	1.1
LVID diastole (cm)	4.7
PW thickness (cm)	1.2
LVID systole (cm)	3.6
FS (%)	23

Doppler Measurements

PV Vmax (m/s)	0.53
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NM
TR Vmax (m/s)	2.1
TR PG (mmHg)	17

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INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is evidence of relative stability. The left heart dimensions are unchanged, and the fractional shortening is actually slightly improved. Mitral and tricuspid regurgitation remain mild, and no additional issues are identified. No change to the ECG with persistent ventricular beats.

No change to the current medications at this time.

Close monitoring for associated clinical signs is recommended as this patient is at risk for progression to CHF, collapse, and/or sudden death in the future. Prognosis is guarded long term.

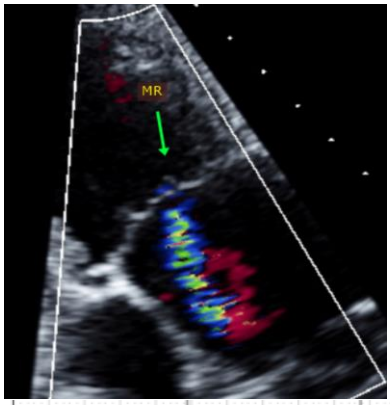
RECOMMENDATIONS

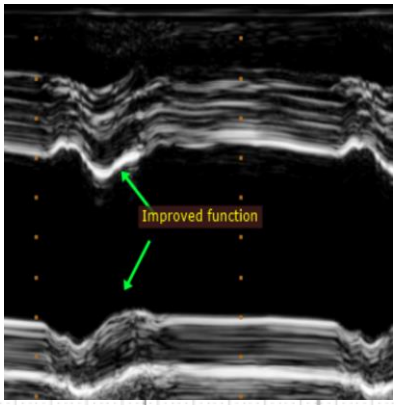
- Continue all medications as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Consider systemic evaluation if not recently performed.
- Monitor BP every 6 months.
- Consider a holter monitor as discussed.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

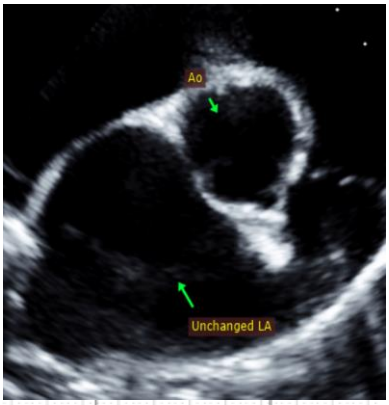
PLAN

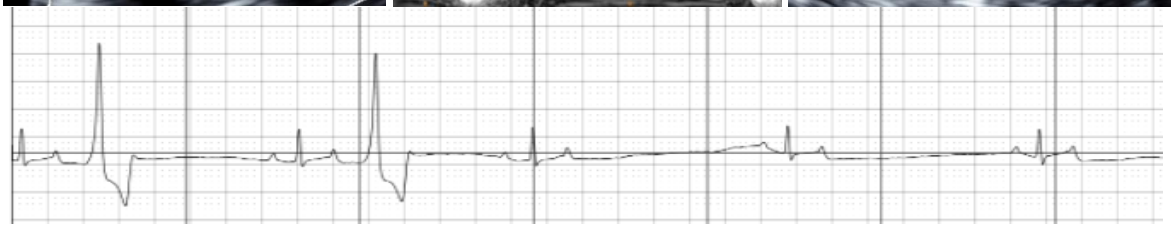
Recheck echocardiogram in 6-8 months, sooner if any development of clinical signs.

IMAGES









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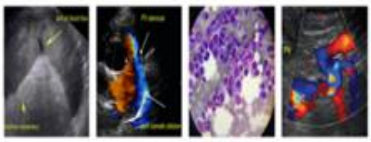

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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