



**PATIENT**  
Lexie Quinn

**SPECIES**  
Canine

**BREED**  
Labrador Retriever Mix

**SEX**  
Female Spayed

**AGE**  
7 years

**WEIGHT**  
64lbs

**INTERPRETED BY**  
Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**  
Pamela Harrigan,  
RDMS

**HOSPITAL NAME**  
Mass Veterinary Services

**REFERRING VET**  
Dr. Masloski

**INVOICE**  
28865

**DATE**  
2/8/23

**PRESENTING CLINICAL SIGNS**

History: Lexie was sedated/anesthetized (midazolam with methadone and propofol) when she was noted to have an episode of tachycardia (200 bpm) which resolved when her isoflurane was stopped. A low-grade heart murmur was noted after the event. History of treatment for heartworm in October 2017. She is doing well clinically with a good appetite (was on a grain free diet 4 years ago) and normal activity level. HW negative. On exam: pronounced sinus arrhythmia, no murmurs noted, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 150mmHg x 3. Current medications: 1) Phenylpropanolamine/prion 25mg 1 tab twice a day 2) Trazadone 100mg 1.5 tabs for vet visits---last given at noon today \*No sedation for study.

**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. Trivial mitral regurgitation.  
**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 trivial tricuspid regurgitation.  
**Pulmonic valve/Pulmonary artery:** The proximal MPA appears normal in dimension. Distal to the pulmonic valve there is severe dilation of the right branch with mild dilation of the left. Hyperechoic lesions are noted within the right branch although artifact is suspected.  
**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.  
**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 150bpm.

**2-Dimensional Measurements**

Ao diam (cm)	2.8
LA diam (cm)	3.2
LA:Ao (Swe)	1.1
IVS thickness (cm)	1.0
LVID diastole (cm)	4.0
PW thickness (cm)	1.0
LVID systole (cm)	2.9
FS (%)	28

**Doppler Measurements**

PV Vmax (m/s)	0.76
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Overtly normal cardiac dimensions and function. No significant valve leaks are appreciated, and systolic function is intact. The only abnormality identified is the distal pulmonary artery and branches are severely dilated. This is quite unusual to see without an obvious cause. This can be seen with a prior heartworm infestation (recently HW negative), although it is unusual to not have secondary right heart changes as well. A PTE while under anesthesia should be considered, as this may explain a lack of right heart enlargement. Consider screening for clotting issues. Other possibilities would be a distal stenosis or compressive/infiltrative tumor (although unlikely without a described heart



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murmur). Regardless, this is suspected to be related to the reported anesthetic event if there are increased pulmonary pressures in the peripheral branches for any reason.

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Given the unusual nature of the findings, advanced imaging may be reasonable, such as an angiogram or thoracic CT scan. An alternative option would be to simply monitor the abnormality, given that the patient is asymptomatic at home.

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**RECOMMENDATIONS**

- No cardiac medications are indicated.
- Consider advanced imaging, such as an angiogram and thoracic CT scan.
- Consider hematologic evaluation as discussed.
- Anesthesia is not advised.
- Monitor for development of a murmur, cough, labored breathing, exercise intolerance or collapse episodes.

**SEX**  
Female Spayed

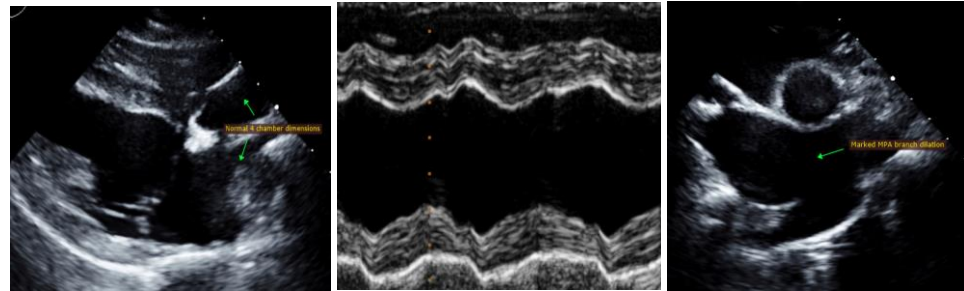
**PLAN**

- Recommend a recheck echocardiogram in 6 months.

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**IMAGES**

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Maggie Machen Lamy, DVM  
DACVIM (Cardiology)

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.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

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.

**HOSPITAL NAME**

Mass Veterinary Services

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
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**REFERRING VET**  
Dr. Masloski

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

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