



PATIENT

Luca Gaskin

PRESENTING CLINICAL SIGNS

History: Young otherwise healthy dog. Assess prior to neuter.

SPECIES

Canine

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; 50mm/s, 10mm/mV. The average heart rate is 110bpm (range 100-120bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

BREED

Golden Retriever

ECG diagnosis: Normal sinus rhythm with respiratory variation.

SEX

Male Intact

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild MV thickening with no prolapse into the left atrial lumen. No mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function for this breed. Atypical fibrous bands within the left ventricular.

Normal LV wall dimensions with no obvious hypertrophy. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic valve appears normal in morphology and mobility. Normal pulmonic outflow velocities with laminar flow. Mild thickening of the aortic valve; mildly increased LVOT velocity. Mild aortic insufficiency. No PI. No pericardial or pleural effusion noted. No obvious cardiac masses.

AGE

1 year

WEIGHT

60lbs

CARDIAC CHART

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Aumsville Animal
 Clinic

REFERRING VET

Dr. Rowland

INVOICE

22456

DATE

2/9/22

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NA	NM	1.3	1.3	30	54	0.25
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	124	2.2	1.1	27.2	2.3	4.0	2.8
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

Adapted from June Boon, Veterinary Echocardiography, 1998
 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
 Hansson et al, Vet Rad and Ultrasound 2002
 Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

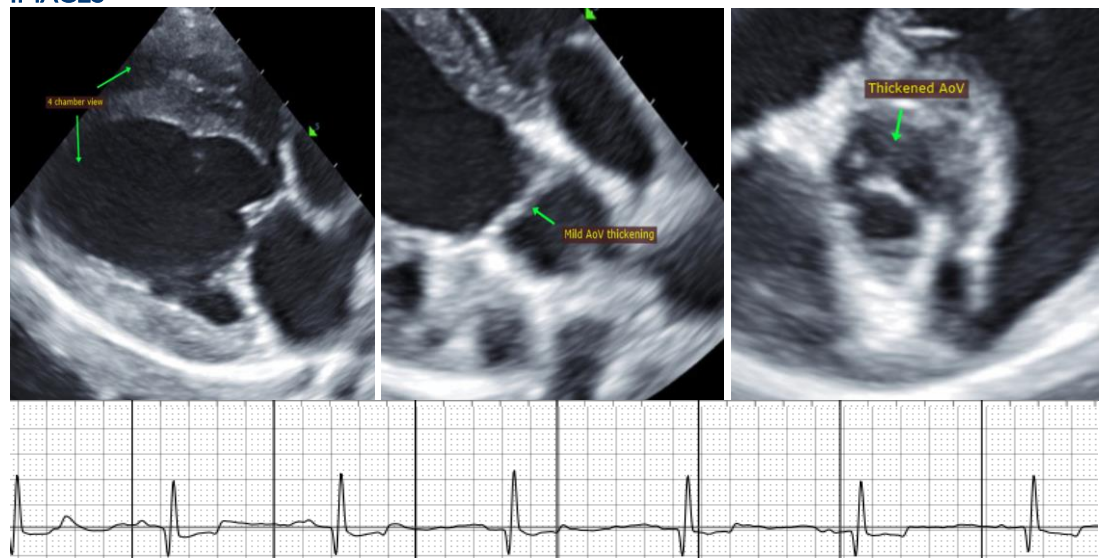
The cause of the murmur is mild aortic stenosis due to a thickened aortic valve. No obvious subaortic ridge is visualized, making the defect primarily valvular. The velocity through the valve is only mildly increased with normal LV wall thickness indicating the disease is likely of minimal clinical significance and prognosis is good. A small aortic leak is identified, and a baseline BP is recommended every 6-12 months lifelong. The systolic function appears adequate; however, non-traditional diets should be avoided in this signalment going forward. Finally, there is atypical fibrous bands within the left ventricular, which should be monitored as this may impact cardiac function in the future. No additional issues are identified.

No cardiac medications are indicated at this time. From a cardiac standpoint, monitor for development of collapse episodes, labored breathing or exercise intolerance, as AS patients are more predisposed to development of arrhythmias than to CHF. Breeding this animal is not advised.

Anesthetic risk is low. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless clinically indicated. Recommend prophylactic antibiotics for any orthopedic or dental procedure in the future given slight predisposition to endocarditis. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. 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.

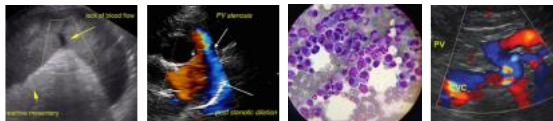
Recommend recheck echocardiogram in 1 year to confirm no progression is seen, and to screen for development of concurrent cardiac disease that the preexisting murmur may mask.

IMAGES



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



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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
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