



PATIENT

Ruby LoSasso

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

9 years

WEIGHT

68.1lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

30167

DATE

4/11/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mild subaortic stenosis and mild pulmonic stenosis. Ruby is doing well at home, active, no exercise intolerance, collapse, or labored breathing. Great appetite. Grade III/VI systolic murmur; lung fields clear. BP: 150 mHg x 5. *No sedation for study.

-Pertinent previous echo findings (3/29/22 MML): LA 2.7 cm; LA:Ao 1.1; LV 3.7 cm; normal chamber sizes, subaortic ridge with mildly elevated velocities, thickened, doming pulmonary valve with mildly elevated velocities; mild dilation of ascending aorta. PV Vmax 2.2 m/s; AoV Vmax 2.3 m/s.

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 minimally increased.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trivial central mitral regurgitation.

Aortic valve/Aorta: The aortic valve appears trileaflet with normal mobility. Mildly elevated aortic outflow velocity. Mild dilation of the ascending segment. A sub-aortic ridge can be seen. 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 appears thickened with mildly elevated pulmonic outflow velocities. No significant pulmonic insufficiency.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 90bpm.

2-Dimensional Measurements

Ao diam (cm)	2.4
LA diam (cm)	2.8
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.0
LVID diastole (cm)	4.0
PW thickness (cm)	1.0
LVID systole (cm)	2.3
FS (%)	43

Doppler Measurements

PV Vmax (m/s)	1.9
AoV Vmax (m/s)	2.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Stable mild congenital disease persists. Mild subaortic stenosis (SAS) is unchanged without LV hypertrophy or secondary changes. The PS is less significant than previous, although overall unchanged. No additional issues have developed since the prior study.

Given these findings, the prognosis is good, as most dogs able to live a normal lifespan free of complication. Serial echocardiography is recommended, mostly to screen for development of disease the preexisting murmur may mask.



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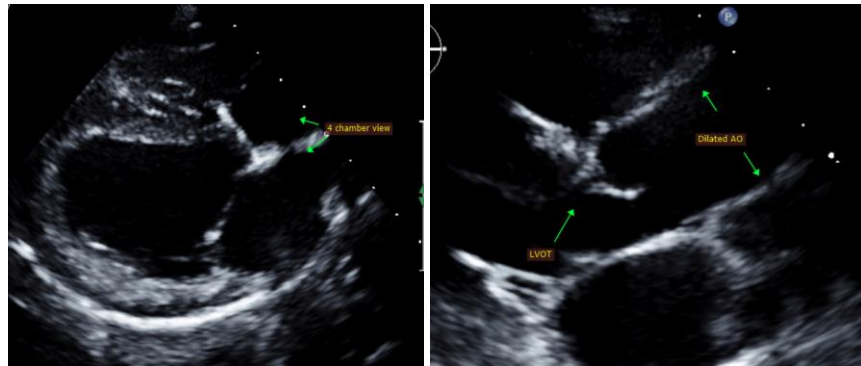
RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Monitor for development of labored breathing, exercise intolerance or collapse episodes, as SAS patients are more predisposed to development of arrhythmias than to CHF.
- Mild exercise restriction is advised lifelong.
- Omega fatty acid supplementation (1000mg 1-2x daily) may be of some long-term benefit for dogs predisposed to arrhythmias.
- If needed, anesthetic risk is mildly elevated. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless clinically indicated. Avoid ketamine and acepromazine due to peripheral vascular effects. Mild IV fluid restriction is advised. Recommend prophylactic antibiotics prior to and during any orthopedic or dental procedure in the future given predisposition to endocarditis.

PLAN

- Recommend recheck echocardiogram in 1 year to screen for progression, sooner if any clinical signs arise.

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 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)