



PATIENT

Athena Flanigan

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

3 years

WEIGHT

55.5lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

23596

DATE

4/12/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mild valvular aortic stenosis; history mild MV dysplasia; history fibrinous banding within the left atrium (no obstruction). Current presentation: Doing well at home - good appetite and energy level. On exam, transient sinus arrhythmia, grade II/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 150mmHg x 5. -Pertinent previous echo findings (9/30/20 MML): LA 2.7 cm; LA:Ao 1.5; LV 3.78 cm; mild LAE with atypical fibrous tissue; mild thickening and doming of MV with no MS/MR; trivial TR; mildly thickened AoV - LVOT Vmax 2.74 m/s.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available. **Left ventricle:** The LV diameter is normal with borderline myocardial function. LV wall thicknesses are normal. No obvious ridge in the LVOT. **Left atrium:** The left atrium is mildly dilated. Atypical fibrous tissue is seen within the LA (see below) creating a webbed appearance. The LA walls appear thickened and fibrotic as well. No obvious obstruction to blood flow is seen through the region. **Mitral valve:** The anterior mitral valve leaflet is mildly thickened with mild doming; no obvious significant stenosis seen on inflows or color flow. No mitral regurgitation. **Aortic valve/Aorta:** The aortic valve appears trileaflet yet mildly thickened. Mildly elevated aortic outflow velocity. Mild aortic insufficiency (max 4.75m/s). **Right ventricle:** The RV appears normal. **Right atrium:** The RA appears normal. **Tricuspid valve:** The tricuspid valve appears mildly thickened. 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. **Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 120bpm.

2-Dimensional Measurements

Ao diam (cm)	2.3
LA diam (cm)	2.6
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.9
LVID diastole (cm)	3.95
PW thickness (cm)	0.9
LVID systole (cm)	2.9
FS (%)	26

Doppler Measurements

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	2.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Essentially unchanged structural findings. Mild aortic stenosis persists without LV hypertrophy or progression in aortic insufficiency. The atypical appearance of the left atrium is unchanged without progressive atrial dilation. One change to note is the LV function is borderline and was previously normal. This should certainly be monitored for progressive dysfunction going forward. Avoid non-traditional diets in this dog lifelong. No additional issues were noted.

Given these findings, no medications remain indicated. Prognosis is guarded; however, a lack of significant progression is encouraging.



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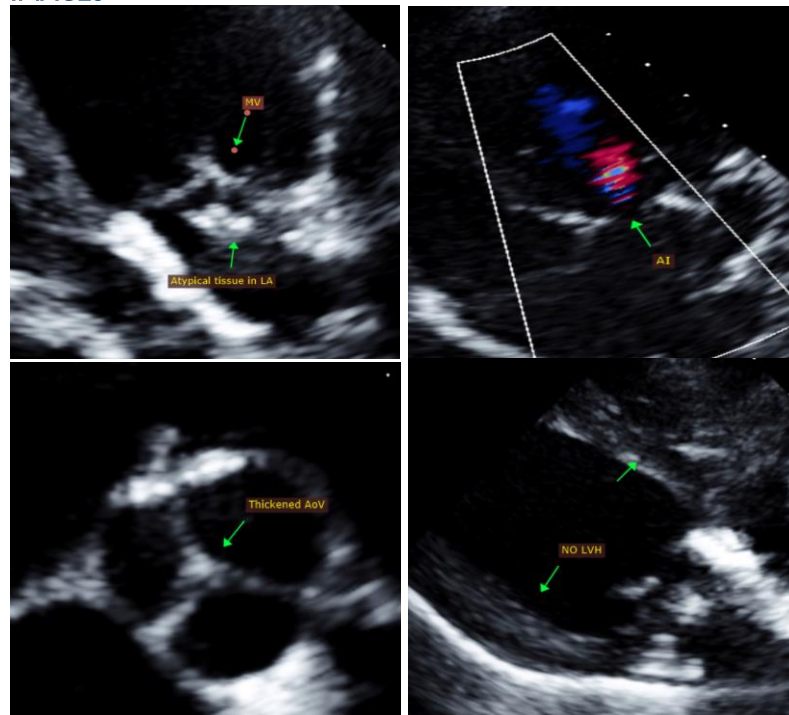
RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. 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. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.
- Mild activity restriction is advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram annually, sooner if any development of clinical signs.

IMAGES



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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.

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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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Golden Retriever

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

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

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