



PATIENT

Athena Flanagan

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

3 years

WEIGHT

57.2lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

30053

DATE

4/5/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History diabetes. History mild valvular aortic stenosis, mild aortic insufficiency, no LVH. Presently, Athena is doing very well at home with an excellent appetite and normal activity level. On exam: NSR grade III/VI murmur with PMI left basilar area PSS lung fields clear mm pink moist CRT<2. BP: 120 mmHg. Current medications: Detemir/Levemir insulin 3 units twice a day *Sedated with propofol for study. - Pertinent previous echo findings (4/12/22 MML): LA 2.6 cm; LA:Ao 1.1; LV 3.95 cm, IVS 0.9 cm; PW 0.9 cm, LVOT Vmax 2.5 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 mildly thickened. 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; minimal stenosis seen on inflows and color flow. No mitral regurgitation. **Aortic valve/Aorta:** The aortic valve appears trileaflet yet mildly thickened. Mildly elevated aortic outflow velocity. Mild aortic insufficiency. **Right ventricle:** The RV appears normal. **Right atrium:** The RA appears normal. **Tricuspid valve:** The tricuspid valve appears mildly thickened. Trace tricuspid regurgitation. Normal velocity. **Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. Trace 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 110bpm.

2-Dimensional Measurements

Ao diam (cm)	2.1
LA diam (cm)	2.2
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.8
LVID diastole (cm)	3.6
PW thickness (cm)	0.9
LVID systole (cm)	2.7
FS (%)	25

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	2.5
MR Vmax (m/s)	
TR Vmax (m/s)	2.3
TR PG (mmHg)	22

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. Mild aortic stenosis persists without LV changes. The degree of thickening of the valve does appear more significant than was noted previously; however, the velocity through region is unchanged. The LV remains mildly depressed, yet similar to previous and the atypical appearance of the LA is similar. No additional issues have developed.

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



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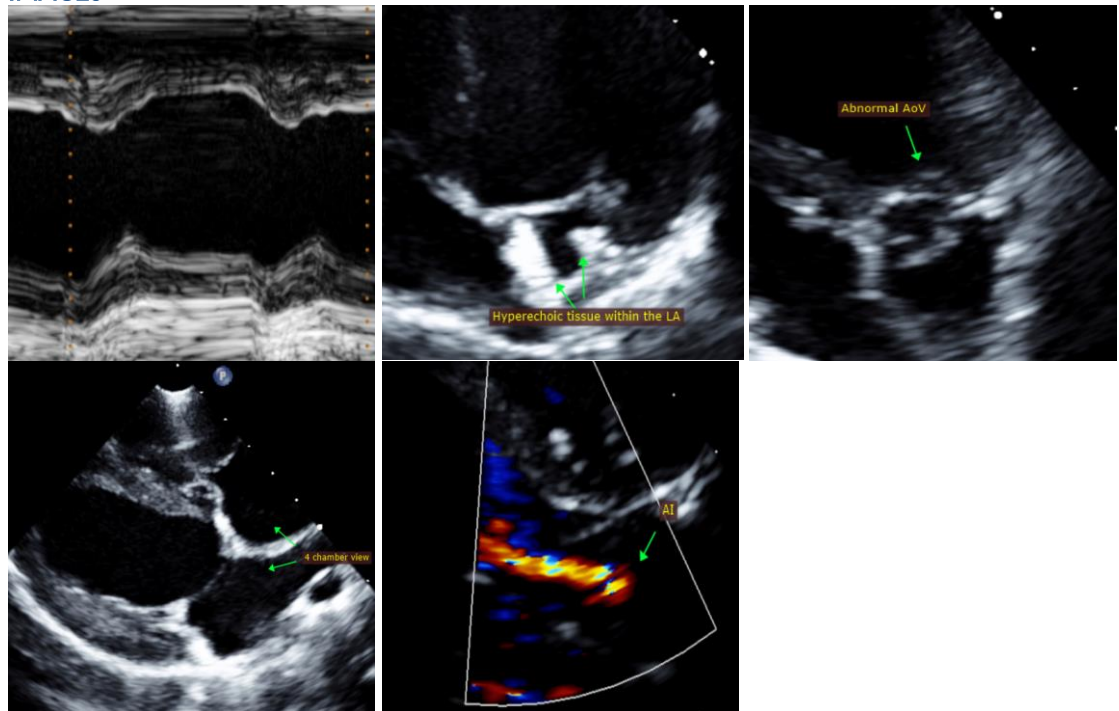
RECOMMENDATIONS

- 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.

BREED

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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