



PATIENT

June Compton

SPECIES

Canine

BREED

Ladrador Retriever

SEX

Female Spayed

AGE

13 years

WEIGHT

68.7lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

30074

DATE

4/5/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History dilated cardiomyopathy; history ventricular arrhythmias. Presently, June continues to have collapse episodes. Most recent was a few days ago when she was straining to defecate - stiffened up and fell on her side. Other collapse episodes this year (5) during a variety of activities. Continues to have a great appetite; no coughing. On exam: pronounced arrhythmia, no murmur noted, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 150mmHg x 4. Current medications: 1) mexiletine 200mg 1 capsule three times a day 2) pimobendan 20mg 1/2 tab twice a day 3) sotalol 80mg 1 tab twice a day 4) taurine 1000mg twice a day 5) DES 1mg weekly 6) Galliprant 60mg 1 tab daily 7) Gabapentin 300mg as needed *No sedation for study. *holter applied.
-Pertinent previous echo findings (9/21/22 MML): LA 4.7 cm; LA:Ao 1.7; LV 4.8 cm; mild LVE, moderate LAE, mild MR, trace AI, trace TR.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with increased sphericity. Moderate systolic dysfunction. LV wall thickness is mildly decreased.
Left atrium: The left atrium is mild to moderately enlarged.
Mitral valve: The mitral valve is mildly thickened with mild central MR. Normal velocity.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace 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 mildly thickened with trace tricuspid regurgitation.
Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trivial 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 60bpm. Ventricular escape beats are noted. No obvious VPCs.

2-Dimensional Measurements

Ao diam (cm)	2.8
LA diam (cm)	4.2
LA:Ao (Swe)	1.5
IVS thickness (cm)	1.2
LVID diastole (cm)	4.5
PW thickness (cm)	1.2
LVID systole (cm)	3.5
FS (%)	22

Doppler Measurements

PV Vmax (m/s)	0.45
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.5
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overall, this study reflects stable disease. The LV dimensions have improved slightly with unchanged LV dysfunction. The LA is also slightly improved; however, the change is insignificant. Trace MR and AI appears stable, and no additional issues are identified.

Give these findings, no change to the current medications is indicated at this time. This patient has had chronic syncopal episodes, which have never been clearly identified as to



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the cause. I do wonder with this degree of bradycardia if insufficient cardiac output is at least part of the problem. That being said, changing the anti-arrhythmics at this point would certainly carry risk. Further recommendations may be made pending holter assessment.

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Canine

Close monitoring for associated clinical signs is recommended as this patient is at risk for progression to CHF, collapse, and/or sudden death in the future. Prognosis is guarded long term.

BREED

Ladrador Retriever

RECOMMENDATIONS

- Continue all medications as prescribed.
- If episodes recur, repeat ECG or ideally a holter monitor.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Monitor BP every 6 months.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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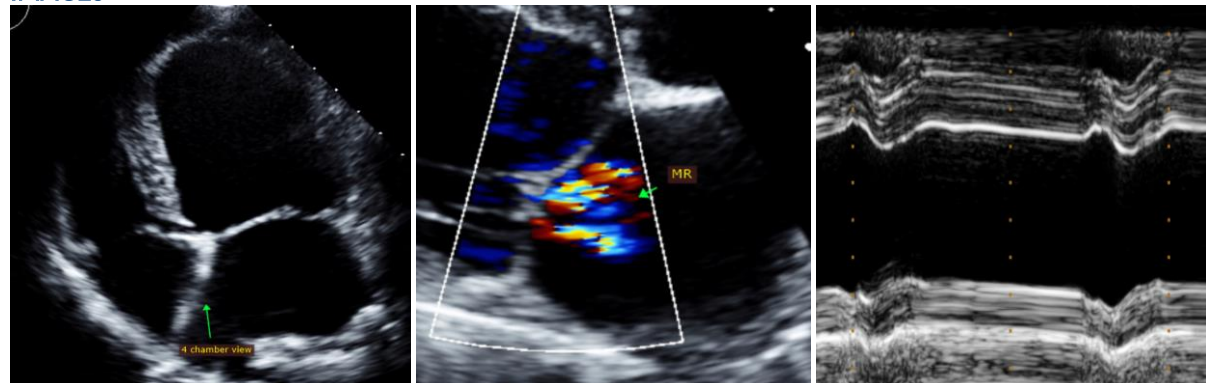
PLAN

Recheck echocardiogram in 6-8 months, sooner if any development of clinical signs.

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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.

REFERRING VET

Dr. Masloski

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.

INVOICE

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Echocardiogram performed by:

Pamela Harrigan, RDCS

Pet Animal Ultrasound Service (4paus.com)