



PATIENT

Oscar Robinson

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

6 years

WEIGHT

86.7lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mildly depressed LV systolic function, query early disease vs normal variant on previous echocardiograms (10/27 20, 10/20 21 MML). Presently, Oscar is doing very well - good appetite and very good energy level. No murmur ausculted; normal lung fields. BP: 130mmHg x 3. Currently, no medications. *No sedation for study.
-Pertinent previous echo findings from October 20, 2021: LA 3.2 cm; LA:Ao 1.2; LV 4.0 cm; normal LV internal dimension with borderline systolic function.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with borderline systolic function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is normal with no prolapse into the left atrial lumen. No mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal right ventricular; no evidence of pulmonary arterial hypertension.

Right atrium: No RA dilation.

Tricuspid valve: The tricuspid valve appears normal with 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 140bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	2.6
LA diam (cm)	3.0
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.0
LVID diastole (cm)	3.7
PW thickness (cm)	1.0
LVID systole (cm)	2.7
FS (%)	27

Doppler Measurements

PV Vmax (m/s)	0.87
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	
TR Vmax (m/s)	2.3
TR PG (mmHg)	22

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is no evidence of progression. The LV dimensions are unchanged/normal and fractional shortening is borderline. No valve leaks have developed, and the remainder of the study is normal.

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

Given these findings, no medications are indicated.

Prognosis is open pending monitoring of progression.

INVOICE

30705

DATE

5/10/23



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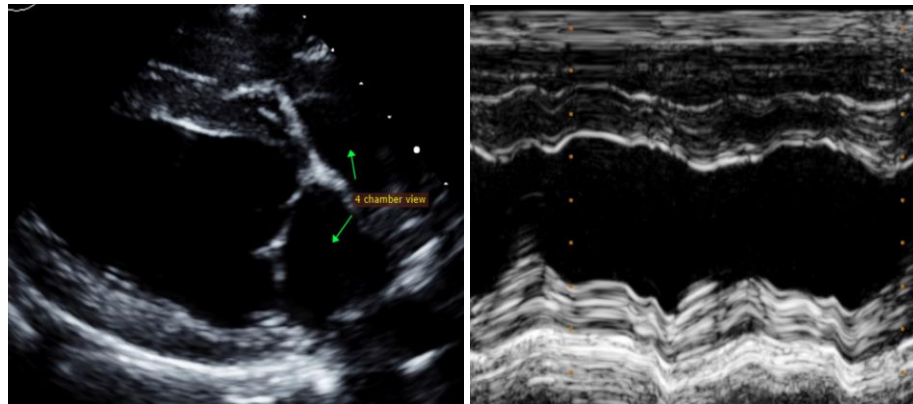
RECOMMENDATIONS

- 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.
- 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 clinical signs or a heart murmur 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
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info@sonopath.com

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