



**PATIENT**

Jax Tracy

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Male Neutered

**AGE**

6 years

**WEIGHT**

79lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**PRESENTING CLINICAL SIGNS**

History: Jax was recently sedated for a mass removal in February. He was given butorphanol and Dexdomitor and soon after developed a tachycardia. The tachycardia (180 bpm) resolved after antisedan. Jax is presently eating well with normal activity. No collapse-type episodes. On exam today: NSR, no murmurs noted, PSS, lung fields clear. BP: 120mmHg x 5. Medications: 1) Glucosamine 2) Fish oil \*No sedation for study.

**ELECTROCARDIOGRAPHIC FINDINGS** \*Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 140bpm (range 125-150bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation.

**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 normal. Subtle septal flattening at end systole.

**Left atrium:** The left atrium is normal.

**Mitral valve:** The mitral valve is mildly thickened 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 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 apical displacement.

Trivial tricuspid regurgitation.

**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.

**2-Dimensional Measurements**

Ao diam (cm)	2.8
LA diam (cm)	3.1
LA:Ao (Swe)	1.1
IVS thickness (cm)	1.1
LVID diastole (cm)	3.6
PW thickness (cm)	1.2
LVID systole (cm)	3.1
FS (%)	66

**Doppler Measurements**

PV Vmax (m/s)	0.93
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Essentially normal cardiac structure and function. The tricuspid valve appears mildly abnormal; however, minimal insufficiency is noted. This may reflect a primary valvular dysplasia that is of little hemodynamic significance. Additionally, the septum appears to subtly flatten in systole. Without obvious pressure overload of the right heart, this is considered a normal variant. No obvious additional issues are identified, and cardiac function is intact.

**INVOICE**

24029

**DATE**

5/4/22



**PATIENT**

Jax Tracy

No arrhythmia or tachycardia is appreciated on the ECG or during the study. This would suggest that the previous episode was an anesthetic reaction. Should recurrent tachycardia be noted in the future, a holter monitor may be warranted.

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Canine

**RECOMMENDATIONS**

- Given these findings, no cardiac medications are clearly indicated.
- If tachycardia is noted in the future, consider a holter monitor as discussed.
- No cardiac contraindication for general anesthesia at this time. Consider avoid dexdomitor, ketamine, or HR stimulants such as atropine. Pre-oxygenate for 5-10 minutes prior to induction. Monitor ECG/BP closely during the procedure.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram should a murmur or signs of cardiac compromise be noted in the future.

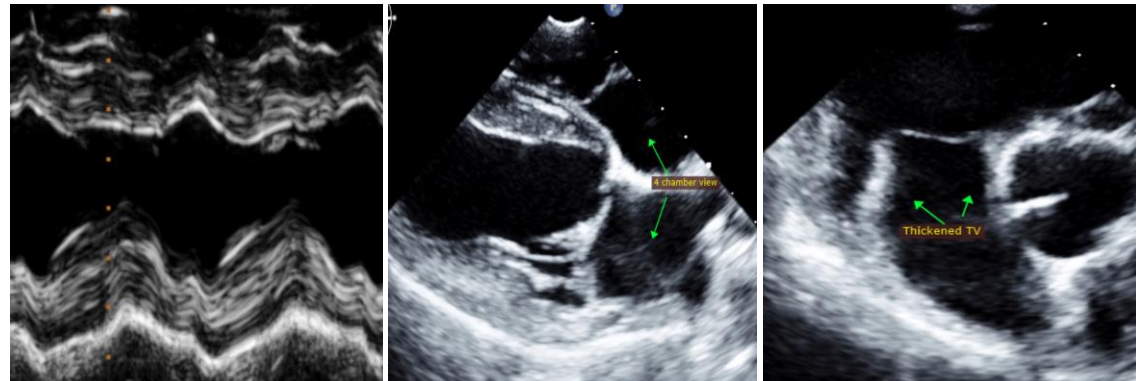
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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.

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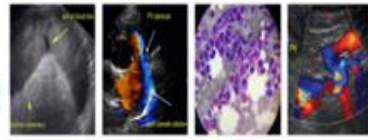
24029

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

**DATE**

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



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