



PATIENT

Patrick Lally

SPECIES

Canine

BREED

Beagle

SEX

Male Neutered

AGE

11 years

WEIGHT

26.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History periodic bi-cavity ultrasounds for screening. Patrick recently had a tooth pulled along with a mass removal from the right side of his face (benign). He also had repeat lab work done that revealed his cobalamin level to be on the low side. Good appetite and normal energy level. On auscultation: NSR, grade I/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 220mmHg x 5. Current medications: Enalapril 5mg 1 tab twice a day (for hypertension) *No sedation for study.
-Pertinent previous echo findings (5/26/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.1 cm; LA:Ao 1.4; LV 2.8 cm; normal chamber sizes; no significant flow abnormalities.

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.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trivial 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 normal with trace 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)	1.8
LA diam (cm)	2.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.83
LVID diastole (cm)	3.2
PW thickness (cm)	0.92
LVID systole (cm)	1.6
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24511

DATE

6/1/22

INTERPRETATION OF THE FINDINGS

Persistently subclinical disease is identified in this study. Trace is unchanged and the overall cardiac dimensions and function are normal. No additional issues identified.

No medications remain indicated.

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of



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variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

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RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Reassess BP as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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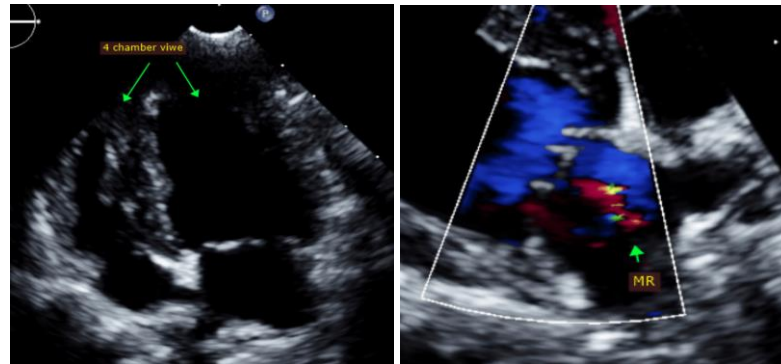
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PLAN

- Recommend conservative monitoring with a recheck echocardiogram annually, sooner if clinical signs are noted.

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IMAGES



INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

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.

REFERRING VET

Dr. Masloski

Maggie Machen Lamy, DVM
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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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