



**PATIENT**

Bungee Brown

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Male Neutered

**AGE**

5 years

**WEIGHT**

46.5lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

24761

**DATE**

6/14/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History LV systolic dysfunction with improvement on last echo (11/16/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology). Current presentation: Bungee is doing well with a good appetite and activity level. No exercise intolerance. On exam: NSR, no murmurs noted, PSS, lung fields clear. BP unable to be obtained prior to sedation. Current medications: 1) Pimobendan/vetmedin 5mg 1 tab twice a day 2) Taurine 1000mg 1/4 tsp twice a day.

-Pertinent previous echo findings: LA 2.3 cm; LA:Ao 1.2; LV 3.3 cm; normal LA size; normal LV size with adequate systolic function, improved from prior study. \*Sedated with propofol for study.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is normal with adequate 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. Trace central mitral regurgitation with a normal velocity.

**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 90bpm.

**2-Dimensional Measurements**

Ao diam (cm)	2.1
LA diam (cm)	2.5
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.9
LVID diastole (cm)	3.3
PW thickness (cm)	0.9
LVID systole (cm)	2.2
FS (%)	33

**Doppler Measurements**

PV Vmax (m/s)	0.63
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Persistently stable disease is identified in this study. Four chamber dimensions are unchanged with reasonable systolic function. The LA is normal, and no additional issues are noted.

Given these findings, continue medications likely lifelong. Prognosis remains guarded; however, stability is certainly a good sign. Patient will always be at risk for progression to CHF, development of arrhythmias and/or sudden death in the future.



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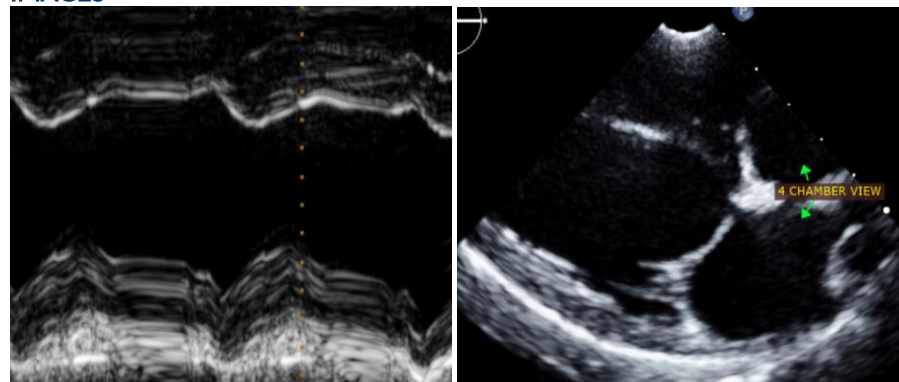
**RECOMMENDATIONS**

- Continue Pimobendan and Taurine as previously prescribed.
- 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**

- A recheck echocardiogram is recommended annually, sooner if signs of clinical signs 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**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

**Echocardiogram performed by:**

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

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