



PATIENT

Lucy Tognarelli

SPECIES

Canine

BREED

Great Dane

SEX

Female Spayed

AGE

4 years

WEIGHT

120.6lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

31524

DATE

6/26/23

PRESENTING CLINICAL SIGNS

History: Lucy was at Angell Animal Medical Center in November with no murmur noted. Since then, she has seen her primary and a murmur was noted. Lucy is doing well at home with a good appetite and activity level. She needs a mass removal. On exam: NSR, grade I/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 200mmHg x 3. *No sedation for study.

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 in dimension.

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

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Mildly elevated 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 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	2.7
LA diam (cm)	3.3
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.2
LVID diastole (cm)	5.4
PW thickness (cm)	1.2
LVID systole (cm)	3.7
FS (%)	31

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	2.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The only cause of a murmur identified is increased flow velocity through the LVOT/aortic root. No obvious subaortic ridge or valvular abnormalities are visualized, and in the absence of structural abnormalities this is considered a benign flow murmur. If this is a new murmur, it is reasonable to monitor periodically via recheck echocardiography in the future. Additionally, screening for fluid status abnormalities (dehydration, anemia, etc.) is recommended through routine lab work as these abnormalities would make this finding more prevalent. No significant valvular insufficiencies were noted, and no structural issues identified.

Recheck echocardiograms every 6-12 months are indicated in this predisposed breed. Additionally, holter monitoring every 6-12 months can and should also be considered to screen for the arrhythmic form of disease. BNP has been shown as a reasonably good ancillary screening tool as well.



PATIENT Prognosis is open.

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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 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 (Cushing's, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis

RECOMMENDATIONS

- No medications are clearly indicated.
- Reassess BP as discussed.
- Consider routine monitoring of echo, holter monitor and ECG.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Recommend fish oil supplementation in any Doberman given the anti-arrhythmic properties of omega fatty acids.

PLAN

Recommend a recheck echocardiogram in 12 months, sooner if any clinical signs or a murmur arises.

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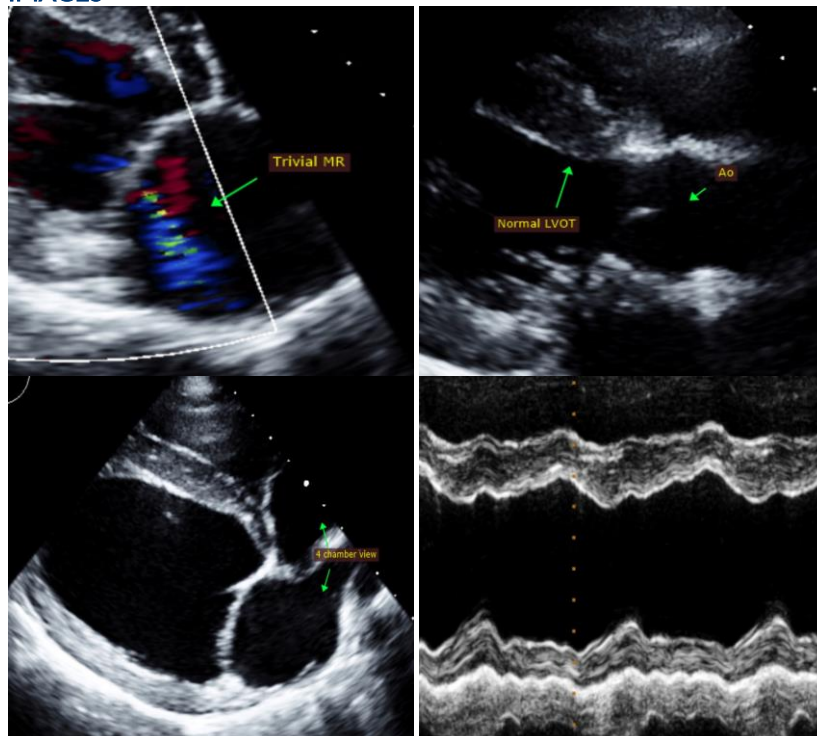
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IMAGES





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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.

SPECIES

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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.

BREED

Great Dane

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

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

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