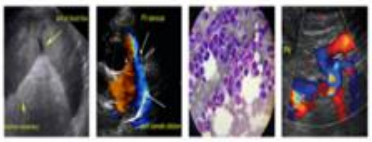
Mass Veterinary Services



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Lila Dixon

SPECIES
Canine

BREED
Labrador Retriever Mix

SEX
Female Spayed

AGE
11 years

WEIGHT
50.3lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
24613

DATE
6/7/22

PRESENTING CLINICAL SIGNS

History: Recheck echo/ECG. History VPCs, single and couplets on prior echocardiogram/ECG study 12/1/20. Currently, Lila is doing well at home. Good appetite, normal activity, and no exercise intolerance or collapse episodes. On exam today: pronounced sinus arrhythmia, no murmurs noted, PSS, lung fields clear. BP: 180-200 mmHg x 4. Medications: Sotalol 80 mg, 1/2-tab BID. *No sedation for study.
-Pertinent previous exam findings (12/1/20 Maggie Machen Lamy, DVM, DACVIM-cardiology): LA 2.7 cm; LA:Ao 1.2; LV 3.74 cm; normal chamber sizes; normal ventricular function; no significant valvular leaks noted.

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 90bpm (range 63-115bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. A single VPC is noted in a 2-minute tracing. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Respiratory sinus arrythmia with apparently well controlled ventricular arrythmias.

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 central 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 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.

2-Dimensional Measurements

Ao diam (cm)	2.2
LA diam (cm)	2.7
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.8
LVID diastole (cm)	3.4
PW thickness (cm)	0.9
LVID systole (cm)	2.9
FS (%)	32

Doppler Measurements

PV Vmax (m/s)	0.84
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Persistently normal cardiac structure and function is noted on the echocardiogram. Additionally, a 2-minute ECG shows only a single VPC, which reflects apparently good

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control. It should be noted that a holter monitor is the gold standard monitoring tool; however, in an asymptomatic dog this is certainly encouraging.

Given these findings, no additional medications are warranted. The underlying cause of VPCs remains open and systemic evaluation should be considered.

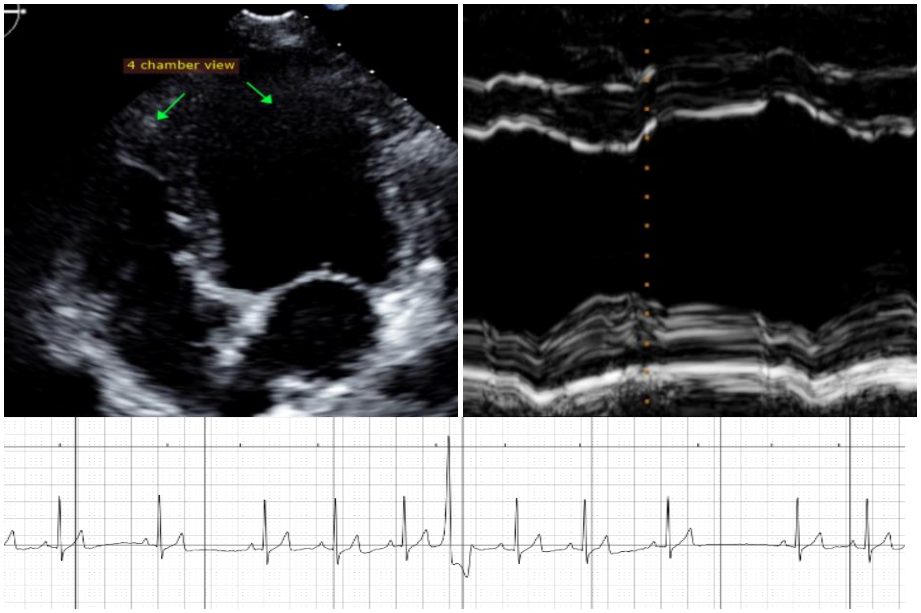
RECOMMENDATIONS

- Continue Sotalol as prescribed.
- Recheck ECG or ideally a holter monitor every 6-12 months going forward, sooner if any collapse or acute lethargy is noted.
- Full systemic evaluation is recommended, including lab work and abdominal ultrasound.
- Continue fish oil supplementation is recommended.
- Monitor at home for collapse, exercise intolerance, and/or lethargy. If a holter monitor is elected, in the future this will dictate whether additional therapy is needed and follow up protocol.
- Anesthetic risk is considered moderately elevated. Avoid ketamine, telazol, Dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia (CRI 50—75mcg/kg/min).

PLAN

- Recommend a recheck ECG and echocardiogram annually, sooner if any clinical signs arise.

IMAGES



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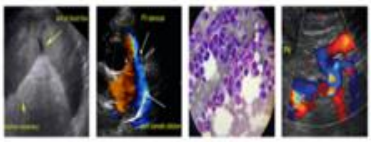

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)