



**PATIENT**

Blake Holland

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male Intact

**AGE**

2.6 years

**WEIGHT**

65.5lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

24642

**DATE**

6/8/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History mitral valve dysplasia with marked subaortic stenosis. Currently, Blake has been doing well but does occasionally breathe heavily. His activity and appetite remain good. On exam today: NSR, grade V/VI murmur with PMI left apical area radiating to right with grade III/VI murmur noted on right, femoral pulses fair to good, lung fields clear. BP: 130mmHg x 5. Medications: 1) Atenolol 25mg 1/4 tab twice a day 2) Enalapril 10mg 1.5 tabs twice a day 3) Spironolactone 25mg 1 tab twice a day 4) Lasix/furosemide 20mg 1 tab twice a day.  
-Pertinent previous echo measurements (6/16/21 Maggie Machen Lamy DVM, DACVIM-Cardiology): LA 3.4 cm; LA:Ao 1.8; LVID 3.6 cm; IVS 1.8 cm; PW 1.7 cm; TR 3.2 m/s; 40 mmHg).

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.  
**Left ventricle:** The LV chamber is normal with marked LV hypertrophy. The endocardium appears hyperechoic consistent with significant fibrosis.  
**Left atrium:** The left atrium is moderately dilated.  
**Mitral valve:** The anterior mitral valve leaflet is significantly abnormal, with marked thickening and tethering to the aortic valve (see below). This is creating a subaortic stenosis with a markedly elevated outflow tract velocity. The profile appears fixed rather than dynamic. Moderate eccentric mitral regurgitation.  
**Aortic valve/aorta:** The aortic valve appears thickened with decreased excursion in systole indicative of some degree of valvular stenosis as well. Mild to moderate aortic insufficiency. Prominent coronary arteries.  
**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 mild tricuspid regurgitation. Normal velocity.  
**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 congenital shunts appreciated. No obvious cardiac masses.  
**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 110bpm.

**2-Dimensional Measurements**

Ao diam (cm)	2.2
LA diam (cm)	3.5
LA:Ao (Swe)	1.6
IVS thickness (cm)	1.7
LVID diastole (cm)	3.7
PW thickness (cm)	1.8
LVID systole (cm)	1.8
FS (%)	50

**Doppler Measurements**

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	6.1
MR Vmax (m/s)	NM
TR Vmax (m/s)	2.5
TR PG (mmHg)	26

**INTERPRETATION OF THE FINDINGS**

Unchanged severe structural disease persists in this study. The LVH and LA enlargement are both similar to previous without obvious progression. The pressure gradient through the LVOT is similar and AI unchanged. No additional issues are identified



**PATIENT**

Given these findings, continue current medications as prescribed.

Blake Holland

Prognosis remains poor long-term with high risk for left-sided CHF, malignant arrhythmias, syncope and/or sudden death. It is encouraging this patient continues to do well.

**SPECIES**

Canine

**RECOMMENDATIONS**

- Continue Lasix, Enalapril, Spironolactone and Atenolol as previously prescribed.
- Lifelong activity restriction is advised.
- Monitor renal values and BP every 6 months.
- Anesthesia is not advised.
- 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 in 12 months to screen for progression, sooner if any development of clinical signs.

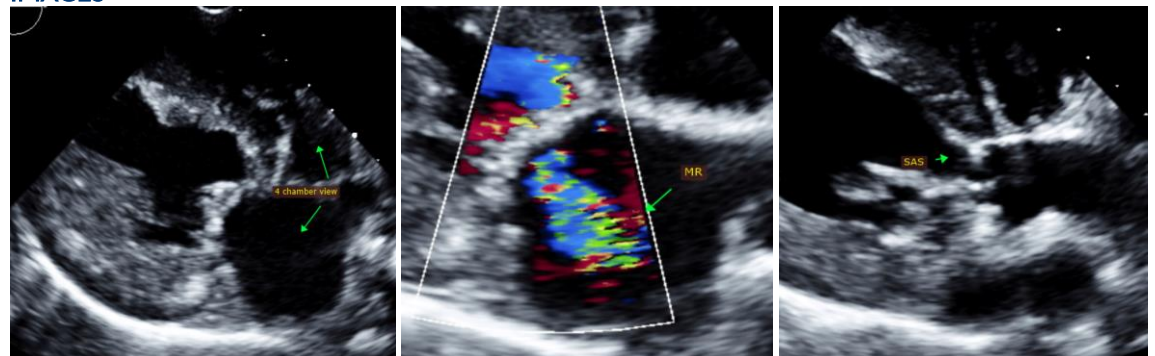
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DACVIM (Cardiology)

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

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.

**HOSPITAL NAME**

Mass Veterinary Services

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

**REFERRING VET**

Dr. Masloski

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

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