



**PATIENT**

Soul Pazdersky

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Male Neutered

**AGE**

11 years

**WEIGHT**

65lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

25262

**DATE**

7/12/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease; history malignant ventricular arrhythmias; history collapse and ataxia. Current presentation: Soul is presently doing well with no cardiac symptoms; no collapse. Good appetite. On exam: pronounced arrhythmia, grade III/VI murmur with PMI left apical area radiating to the right, PSS, lung fields clear. BP: 160mmHg x 3. Medications: 1) Pimobendan/vetmedin 5mg 1.5 tabs twice a day 2) Sotalol 80mg 1/2 tab twice a day 3) Carprofen/rimadyl 75mg 3/4 tab daily 4) Dasquin daily 5) Gabapentin 300mg 1-2 times daily 6) disp snip tips \*No sedation for study.  
-Pertinent previous echo/ECG findings (5/11/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 4.4 cm; LA:Ao 1.8; LV 4.56 cm; moderate LAE; mild LVE; moderate MR; frequent monomorphic R on T couplets.

**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 55-107bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. Two isolated VPCs are identified; singles only. No supraventricular premature beats, pauses or other dysrhythmias observed. ECG diagnosis: Respiratory sinus arrhythmia with isolated VPCs.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is borderline increased with adequate myocardial function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is mildly dilated.

**Mitral valve:** The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Moderate anterior-directed mitral regurgitation with a normal velocity.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Variable aortic outflow velocity depending on diastolic interval; laminar flow. No aortic insufficiency.

**Right ventricle:** No RV dilation. No obvious RVH.

**Right atrium:** No RA dilation.

**Tricuspid valve:** The tricuspid valve is normal with trace tricuspid regurgitation. Normal velocity.

**Pulmonary valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. Trace 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)       | 2.7 |
| LA diam (cm)       | 3.9 |
| LA:Ao (Swe)        | 1.4 |
| IVS thickness (cm) | 1.1 |
| LVID diastole (cm) | 4.3 |
| PW thickness (cm)  | 1.1 |
| LVID systole (cm)  | 2.9 |
| FS (%)             | 33  |

**Doppler Measurements**

|                |      |
|----------------|------|
| PV Vmax (m/s)  | 0.86 |
| AoV Vmax (m/s) | 1.6  |
| MR Vmax (m/s)  | 6.0  |
| TR Vmax (m/s)  | 2.1  |
| TR PG (mmHg)   | 18   |



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**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with moderate mitral and trace tricuspid regurgitation. Compared to the prior study, there is slight improvement in LV and LA dimensions. A small tricuspid leak has developed; however, pulmonary pressures are normal. Most importantly, mild left atrial enlargement indicates the current risk for complication at this time is low. No concurrent issues have developed.

Assessment of progression in the future will help predict long term prognosis, which is guarded at this stage (B1/B2).

The ECG shows dramatic improvement in ventricular arrhythmias with Sotalol. Two isolated VPCs are noted; however, this is considered good control given the previously findings. Even with apparently good control, there is an elevated risk for collapse or sudden death in any arrhythmic patient, which still persists. That being said, this is certainly good improvement. A holter monitor would be the gold standard to assess response and should be considered if any clinical signs (such as syncope) are noted in the future.

**RECOMMENDATIONS**

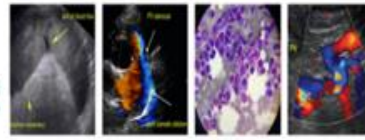
- Continue Pimobendan 0.25-0.3mg/kg PO q12h.
- Continue Sotalol 1-2mg/kg PO q12h.
- Consider holter monitor every 6 months or sooner if any syncope is noted.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit
- Anesthetic risk is considered moderately elevated. 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). Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso or sevoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 cage. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Moderate IV fluid restriction is recommended to avoid fluid overload, while considering comorbidities, hydration status, BP, etc.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram and ECG in 6-8 months, sooner if any development of clinical signs.



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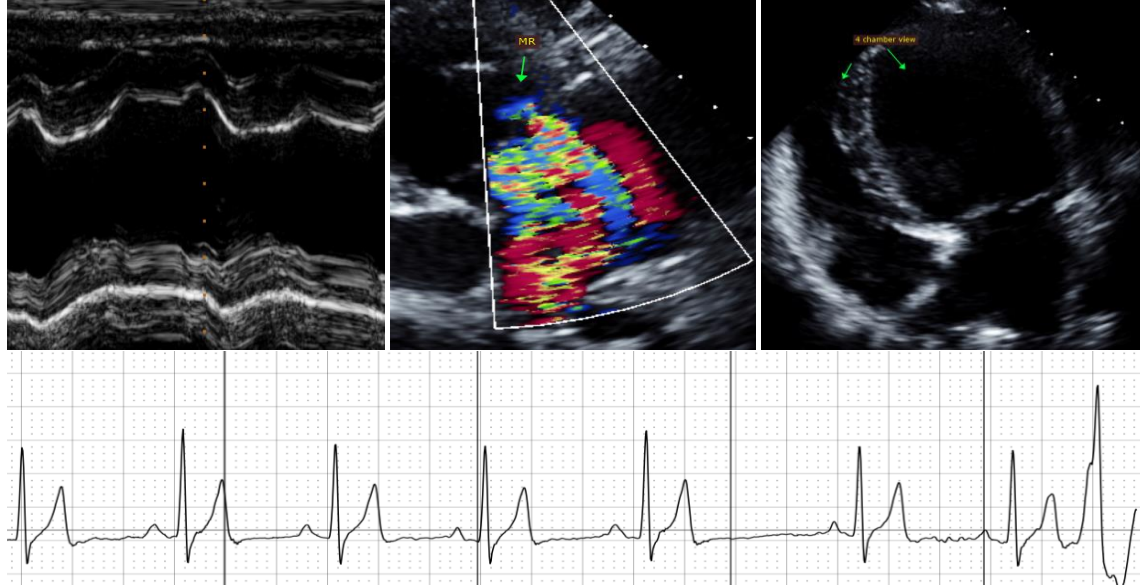
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**IMAGES**



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)