



PATIENT

Griffin Slessler

SPECIES

Canine

BREED

Labradoodle

SEX

Female Spayed

AGE

10 years

WEIGHT

64.2lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25549

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History reduced LV systolic function, normal LA size. Currently, Griffin is doing well at home with a good appetite and activity level. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 180-190 mmHg. Medications: 1) Taurine 1000mg twice a day, 2) Apoquel 16mg 1 tab daily, 3) Pimobendan/vetmedin 7.5mg 1 tab twice a day, 4) Cosequinn 1 tab twice a day. *No sedation for study. -Pertinent previous echo findings (11/24/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.3 cm; LA:Ao1.0; LV 4.4 cm; normal LA size; normal LV size with mild-moderate systolic dysfunction (FS 20%).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with mild systolic dysfunction. LV wall thicknesses are normal. Mildly increased sphericity.

Left atrium: The left atrium is normal.

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

Pulmonary 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 140bpm.

2-Dimensional Measurements

Ao diam (cm)	2.3
LA diam (cm)	2.9
LA:Ao (Swe)	1.3
IVS thickness (cm)	1.0
LVID diastole (cm)	4.2
PW thickness (cm)	1.0
LVID systole (cm)	3.1
FS (%)	26

Doppler Measurements

PV Vmax (m/s)	1.5
AoV Vmax (m/s)	2.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, the LV function has improved mildly (FS: 20% previously, now 26%). This is great news. The overall cardiac dimensions appear normal with no significant regurgitation or additional issues.

Given these findings, continue medications as prescribed. Prognosis remains guarded long term; however, stability is certainly a good sign. Patient may be at risk for progression to CHF, development of arrhythmias, syncope and/or sudden death in the future.



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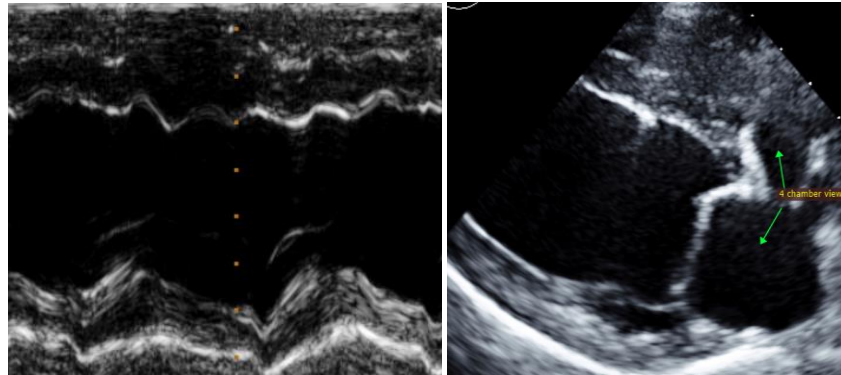
RECOMMENDATIONS

- Continue Pimobendan and Taurine as prescribed.
- Omega fatty acid supplementation may be of some long-term benefit.
- 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

- Recommend conservative monitoring with a recheck echocardiogram annually, sooner if 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
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Echocardiogram performed by:

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