



PATIENT

Mira Kelliher

SPECIES

Canine

BREED

Boxer

SEX

Female Spayed

AGE

11 years

WEIGHT

70lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25565

DATE

7/27/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History ARVC. Mira was diagnosed with PLN at her last echo. She had enalapril, FFA and Plavix added to her treatment plan. Her Plavix has been stopped due to a bleeding mass on her side which came back as a MCT on cytology. On Benadryl for the MCT for a short time but is not on it now. A splenic mass was noted at the time of her dermal mass bleed. The family would like to get the dermal MCT removed pending echo. Otherwise, Mira is doing well with a good appetite and activity level. On exam: NSR, grade II/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 150 mmHg x 5. Medications: 1) Mexiletine 150mg 2 capsules three times a day 2) Sotalol 80mg 1/4 tab twice a day 3) Pimobendan 10mg 1 tab twice a day 4) Taurine 1000mg twice a day 5) Enalapril 20mg 1 tab twice a day---stopped 6) Plavix/clopidogrel 75mg 1 tab daily---stopped 7) Snip tips *No sedation for study. -Pertinent previous echo findings (8/24/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 3.2 cm; LA:Ao 1.3; LV 4.4 cm; FS 36%; mild LAE; normal LV size and function; prominent RV; mild RA dilation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal in diastole with mildly depressed 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. Trace mitral regurgitation.
Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace aortic insufficiency.
Right ventricle: Prominent RV. No obvious RVH.
Right atrium: Mild RA dilation.
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
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 120bpm.

2-Dimensional Measurements

Ao diam (cm)	2.4
LA diam (cm)	3.0
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.9
LVID diastole (cm)	4.7
PW thickness (cm)	0.9
LVID systole (cm)	3.7
FS (%)	21

Doppler Measurements

PV Vmax (m/s)	0.84
AoV Vmax (m/s)	2.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is a mild decline in myocardial function. The LV is not progressively dilated however, and the LA dimension is stable. This finding is of unknown significance overall and may reflect a normal variation. That being said, progressive dysfunction is always concerning and should be followed closely. No additional issues are identified, and the brief screening ECG is unremarkable.



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Given these findings, continue all medications as previously prescribed. Periodic holter monitoring remains advised in any ARVC patient.

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Prognosis remains guarded long-term.

BREED
Boxer

RECOMMENDATIONS

- Continue Pimobendan, Mexiletine and Sotalol as prescribed.
- Continue taurine supplement as was previously noted.
- Consider holter monitor every 6 months.
- Reassess BP as discussed.
- 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).
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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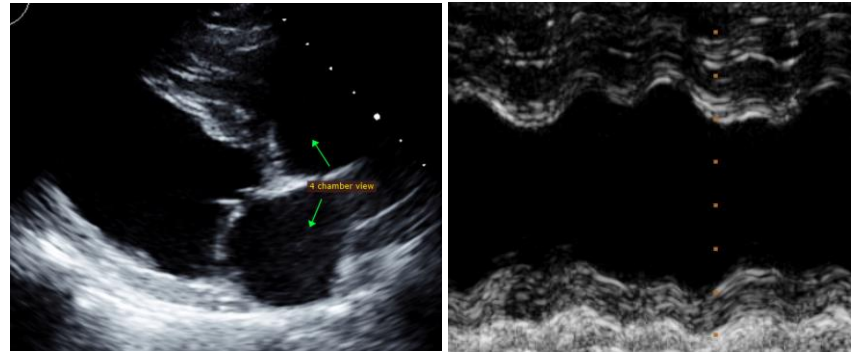
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

IMAGES

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Services

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.

REFERRING VET

Dr. Masloski

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.

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