



PATIENT

Hailey Ruubel

SPECIES

Canine

BREED

Australian Shepherd Mix

SEX

Female Spayed

AGE

12 years

WEIGHT

71.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: History VPCs. Hailey was seen at an emergency clinic 8/11 for collapsing. She has not had another episode since that time. Hailey is eating well with no current C/S/V/D but may have a bit of PU/PD. Had an echocardiogram May 15, 2023, at another facility (valvular heart disease - Stage B1; LV 3.54 cm; LA:Ao 1.44). On exam today: NSR, grade II/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 140-150 mmHg.

Current medications: 1) Mexiletine 150mg 1 capsule three times a day 2) Thyroxine 0.3mg 1 tab twice a day *No sedation for study.

-Holter results (5/2023 MML): Performed due to syncope. Was on Sotalol at the time. Results showed low resting HR with persistent malignant ventricular arrhythmias - recommend to change to Mexiletine.

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.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with a normal velocity.

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 trace 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 obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

32374

DATE

8/15/23

2-Dimensional Measurements

Ao diam (cm)	2.3
LA diam (cm)	2.5
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.9
LVID diastole (cm)	3.5
PW thickness (cm)	0.9
LVID systole (cm)	2.1
FS (%)	41

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	4.7
TR Vmax (m/s)	2.3
TR PG (mmHg)	20

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists without evidence of progression. Previously mild disease persists without left or right heart enlargement. No additional issues have developed, such as pulmonary hypertension. The ECG shows an improved resting HR without obvious premature beats.

A recent collapse episode must be interpreted in light of the full clinical history. The patient was initially started on antiarrhythmic medications due to syncopal episodes. If the



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episodes have overall reduced in frequency since the change to Mexiletine, this should be continued. If there has been an increase however, and/or adequacy of current arrhythmic control is unknown, repeating a Holter monitor is suggested.

SPECIES

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Prognosis is highly variable at this stage. The arrhythmias certainly may limit this prognosis with sudden death possible at any time.

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RECOMMENDATIONS

- Continue Mexiletine as prescribed. No additional medications are indicated.
- Further evaluation of syncope as discussed if indicated.
- Monitor a Holter monitor/ECG every 6 months.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- 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 1 year, sooner if any development of clinical signs.

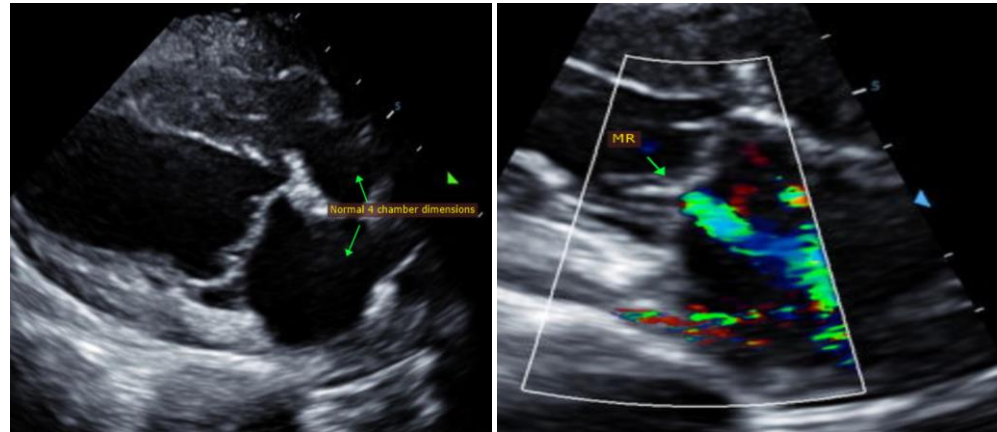
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

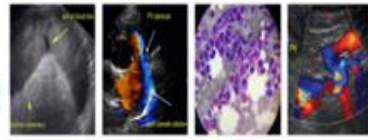
info@sonopath.com

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Echocardiogram performed by:

Pamela Harrigan, RDCS



Pet Animal Ultrasound Service (4paus.com)

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