



**PATIENT**  
Samosa Rajbhandari

**SPECIES**  
Canine

**BREED**  
Retriever Mix

**SEX**  
Male Neutered

**AGE**  
11 years

**WEIGHT**  
54.5lbs

**INTERPRETED BY**  
Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**  
Pamela Harrigan,  
RDCS

**HOSPITAL NAME**  
Mass Veterinary Services

**REFERRING VET**  
Dr. Masloski

**INVOICE**  
32366

**DATE**  
8/15/23

**PRESENTING CLINICAL SIGNS**

History: Samosa was noted to have an arrhythmia in July when he saw an ophthalmologist for an eyelid mass removal. He is presently doing well at home with a good appetite and activity level. History hypothyroidism, controlled. On exam: arrhythmia, no murmurs noted, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 140mmHg. Current medications: 1) Thyroxine 0.6mg 1 tab twice a day 2) Glucosamine daily \*No sedation for study.  
\*Holter placed following the study.

**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. No MR.  
**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. 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 no tricuspid regurgitation.  
**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 136bpm.

**2-Dimensional Measurements**

Ao diam (cm)	2.3
LA diam (cm)	2.8
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.1
LVID diastole (cm)	3.4
PW thickness (cm)	1.1
LVID systole (cm)	2.2
FS (%)	36

**Doppler Measurements**

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Overtly normal cardiac structure and function. The overall dimensions are normal with no evidence of significant structural disease. Follow up is advised should a murmur be ausculted in the future. No additional issues are identified.

A Holter monitor was placed for further arrhythmia evaluation, although no obvious abnormalities were seen during the study. If present, no structural cause for an arrhythmia is seen here and other possibilities should be considered.



**PATIENT**

Samosa Rajbhandari

**SPECIES**

Canine

**BREED**

Retriever Mix

**SEX**

Male Neutered

**AGE**

11 years

**WEIGHT**

54.5lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

32366

**DATE**

8/15/23

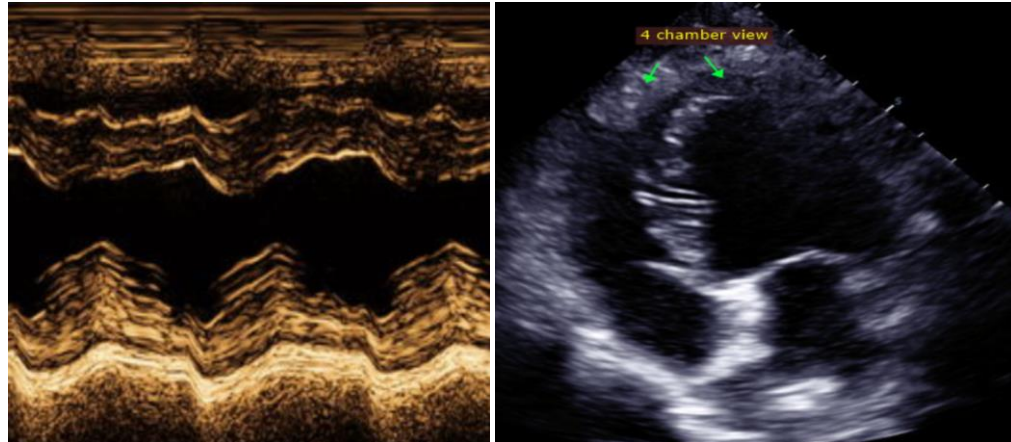
**RECOMMENDATIONS**

- No cardiac medications are clearly indicated.
- Follow up for the arrhythmia should be dictated by the ECG report.
- No cardiac contraindication for general anesthesia; however, recommend further evaluation of the arrhythmia prior to proceeding.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram should a murmur or signs of cardiac compromise be noted in the future.

**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)