



PATIENT

Bartleby O'Brien

SPECIES

Canine

BREED

Dachshund

SEX

Male Neutered

AGE

13 years

WEIGHT

17.1lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

20610

DATE

8/18/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Currently, Bartleby is presently doing well with no coughing and normal respirations. He is eating well with a normal activity level. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 180-190mmHg.

-Current medications: 1) Pimobendan 7.5mg 1/3 tab twice a day 2) Enalapril 2.5mg 1 tab twice a day 3) Spironolactone 25mg 1/2 tab twice a day 4) Fish oil *No sedation for exam.

-Pertinent previous echo findings (2/10/21 MML): LA 2.8 cm; LA:Ao 1.5; LV 2.9 cm; moderate LAE; moderate MR.

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, 10mm/mV. The average heart rate is 188bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. Isolated APCs throughout; 7 in one minute tracing. No couplets, triplets or runs of SVT appreciated.

ECG diagnosis: Sinus tachycardia with isolated APCs.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Borderline left ventricle dilation with adequate function. LV wall thicknesses are normal.

Left atrium: Moderate left atrial enlargement.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate 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.

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	3.0
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.64
LVID diastole (cm)	3.0
PW thickness (cm)	0.68
LVID systole (cm)	1.3
FS (%)	57

Doppler Measurements

PV Vmax (m/s)	0.88
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.6
TR Vmax (m/s)	2.5
TR PG (mmHg)	25



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INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists without evidence of significant progression. Moderate mitral regurgitation remains with stable left heart dimensions. A small tricuspid leak is identified which is a new finding; however, the pulmonary pressures appear normal. No additional issues are identified.

The ECG does confirm isolated APC's. These are ectopic beats generated from abnormal conductive or fibrotic tissue in the atria of the heart muscle, and even frequent single beats will often cause no clinical signs in dogs. When sustained however, supraventricular tachycardia can lead to symptoms such as lethargy and collapse. Additionally, this does put this patient at risk for development of atrial fibrillation.

In this case, these ectopic beats are no question secondary to significant structural disease likely exacerbated by stress. In an asymptomatic dog no treatment is warranted; however, close monitoring for progression to sustained arrhythmias is advised. The primary symptom of this would be syncope or acute lethargy.

Fish oil supplementation is recommended for dogs with arrhythmias (1000-2000mg of omega 3 and 6 once to twice daily).

Given the severity of disease and history, continued cardiac support is warranted lifelong as prescribed.

Long term prognosis is guarded, with risk for progression to CHF, LA tear, development of malignant arrhythmias/sudden death going forward.

RECOMMENDATIONS

- Continue 3 medications as prescribed.
- Consider hydrocodone with homatropine (0.2-0.4mg/kg up to 4-6 h PRN for cough) if needed for QOL.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- 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 months, sooner if any development of clinical signs.



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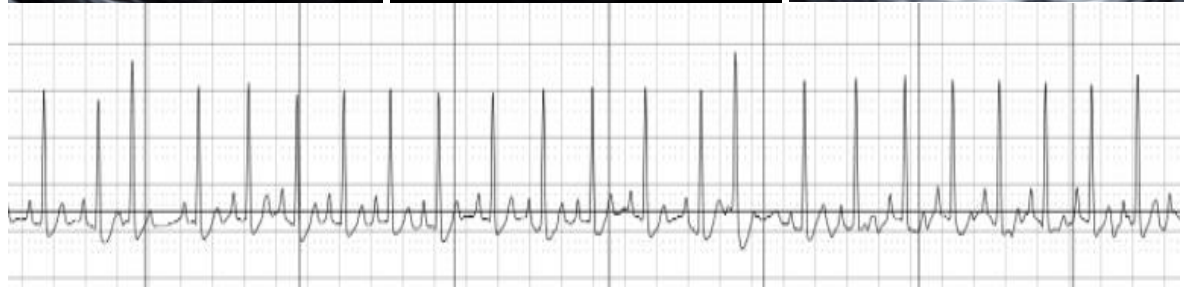
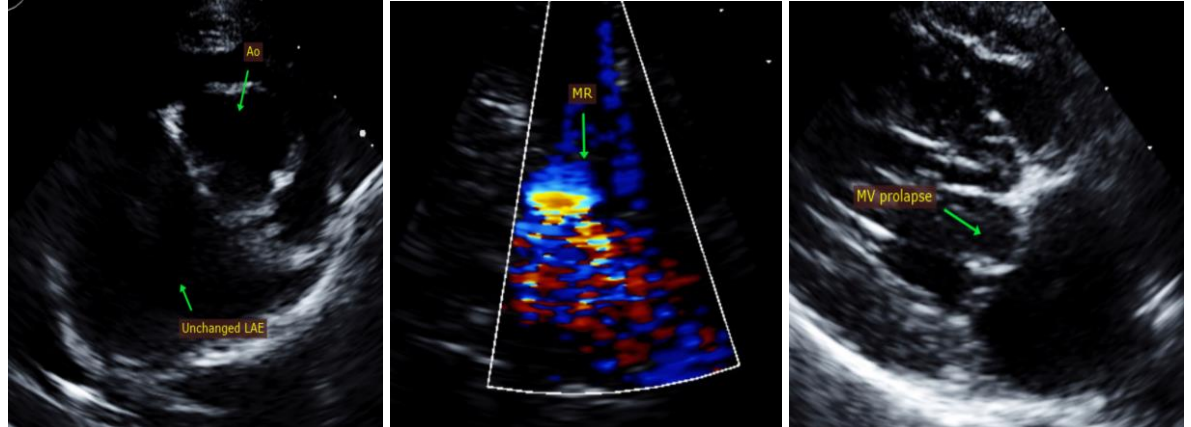
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IMAGES



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