



PATIENT

Mac Miller

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

10 years

WEIGHT

65.7lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of isolated VPCs with normal cardiac structure and function on prior echocardiogram 10.3.22 (MML): LA 2.6 cm; LA:Ao 1.2, LV 4.3 cm.

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 normal with no MR.

Aortic valve/Aorta: The aortic valve is normal with normal 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 trivial 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 90bpm with VPCs throughout.

2-Dimensional Measurements

Ao diam (cm)	2.1
LA diam (cm)	2.8
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.9
LVID diastole (cm)	4.0
PW thickness (cm)	0.9
LVID systole (cm)	2.8
FS (%)	30

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Hauser

INVOICE

32110

DATE

8/2/23

INTERPRETATION OF THE FINDINGS

Persistently normal cardiac structure and function. No significant valve leaks are appreciated, and systolic function is intact. The ECG shows persistent isolated VPCs without significant progression.

Given these findings, no medications are indicated. A holter monitor should always be considered in arrhythmic patients to understand the full extent of the rhythm. This is particularly important should the patient develop any syncope or acute lethargy.

RECOMMENDATIONS

- No cardiac medications are warranted at this time.
- Consider holter monitor as discussed.
- Fish oil supplementation is recommended for dogs with arrhythmias (1000-2000mg of omega 3 and 6 once to twice daily).
- If further evaluation is not performed, anesthetic risk is considered moderately elevated. Avoid ketamine, telazol, Dexdomitor (or other alpha-2 agonists) and



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acepromazine. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia (CRI 50–75mcg/kg/min).
 - Monitor at home for collapse, exercise intolerance, and/or lethargy.

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PLAN

- A recheck echocardiogram is recommended in 1 year, sooner if any clinical signs arise.

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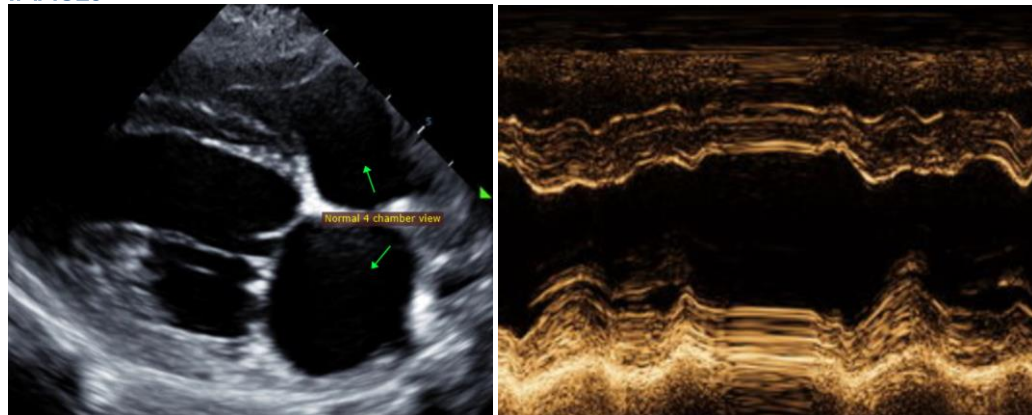
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IMAGES



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.

INTERPRETED BY

Maggie Machen Lamy, DVM
 DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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

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