



**PATIENT**

Murphy Sotolotto

**SPECIES**

Canine

**BREED**

Springer Spaniel Mix

**SEX**

Male Neutered

**AGE**

~2.5 years

**WEIGHT**

78.1lbs

**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**

21270

**DATE**

9/29/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History mitral valve dysplasia with severe LVOT obstruction. Current presentation: Murphy is presently doing well with no coughing, but he has occasional cough after drinking a large amount of water. Gets diarrhea on a regular basis if he is not on metronidazole. Murphy is otherwise eating well with no C/S/V/D/PU/PD. His activity is normal. CV/RESP: NSR, grade III/VI aortic murmur, PSS, lung fields clear. BP: 120-130mmHg. -Current medications: 1) Atenolol 25mg 1/4 tab twice a day 2) Spironolactone 25mg 1 tab twice a day 3) Enalapril 10mg 1 tab twice a day 4) Metronidazole 250mg 1 tab twice a day 5) Carprofen 75mg 1 tab twice a day 6) Metronidazole 250mg 1.5 tabs twice a day \*Sedated with propofol for echo. - Pertinent previous echo findings (9/30/20 MML): LA 3.5 cm; LA: Ao 1.7; LV 2.34 cm; IVS 1.8 cm; PW 1.83 cm; LVOT 6.2 m/s.

**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 severely increased. Hyperechoic endocardium consistent with fibrosis. Hyperechoic hypertrophied papillary muscles.  
**Left atrium:** The left atrium is moderately dilated.  
**Mitral valve:** The anterior leaflet of the mitral valve is elongated and club-like consistent with dysplasia. No obvious stenosis. Mild to moderate mitral regurgitation associated with abnormal valve closure.  
**Aortic valve/Aorta:** The aortic valve is mildly thickened with decreased excursion. Aortic outflow velocity consistent with severe stenosis; mild to moderate aortic insufficiency. A sub-valvular component is not visualized; however, a mild dynamic obstruction exists secondary to the mitral valve abnormality.  
**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. Trace 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)	2.0
LA diam (cm)	3.5
LA:Ao (Swe)	1.7
IVS thickness (cm)	1.6
LVID diastole (cm)	3.6
PW thickness (cm)	1.6
LVID systole (cm)	2.5
FS (%)	30

**Doppler Measurements**

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	6.4
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Largely stable congenital heart disease is identified. Evidence of pressure overload is unchanged with similar LV wall dimensions and LA enlargement. The obstruction is stable without progression or regression in velocity. No additional issues are identified.

Given these findings, no change to the current medications is recommended. The heart rate appears well controlled on Atenolol.



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Prognosis remains guarded yet highly variable, with many dogs in the severe category succumbing to malignant arrhythmias by mid-life and others maintaining asymptomatic status long term. Annual holter monitoring lifelong may be reasonable. Serial echocardiography is recommended lifelong to assess for progression and risk for complication.

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**RECOMMENDATIONS**

- Continue Atenolol, ACE-I and Spironolactone as prescribed.
- Consider annual holter monitoring as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long term anti-arrhythmic benefit.
- Anesthetic risk is moderately if needed. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless clinically indicated. Avoid ketamine and acepromazine due to systemic vascular effects. Mild IV fluid restriction is advised. Recommend prophylactic antibiotics for any orthopedic or dental procedure in the future given predisposition to endocarditis.
- Monitor for development of labored breathing, exercise intolerance or collapse episodes, as patients are more predisposed to development of arrhythmias than to CHF.
- Moderate lifelong exercise restriction is advised.

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**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram annually, sooner if any development of clinical signs.

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**IMAGING PERFORMED BY**  
Pamela Harrigan,  
RDCS

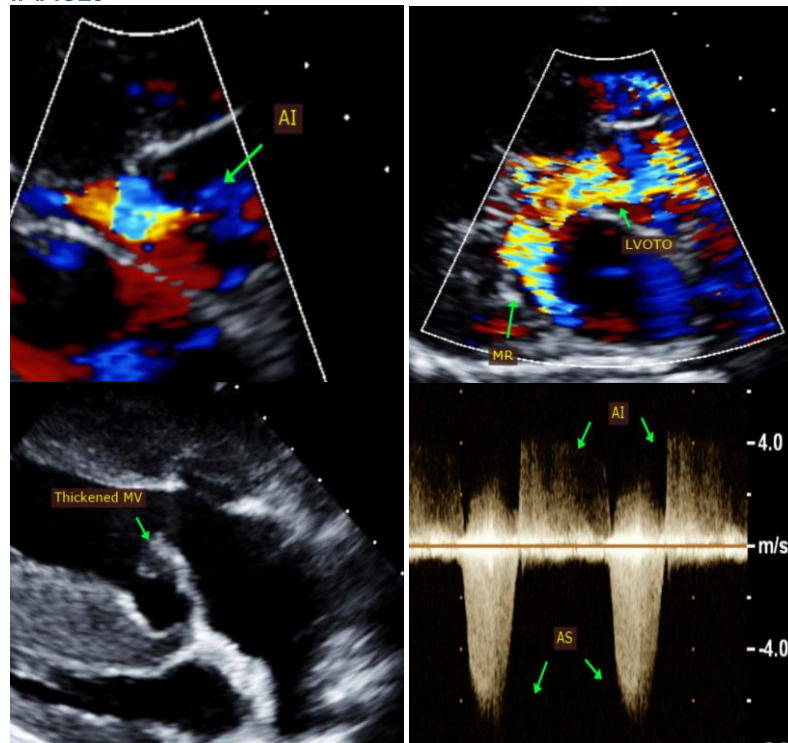
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**IMAGES**





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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.

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

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