



**PATIENT**

Ace Recene

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Male Neutered

**AGE**

6 years

**WEIGHT**

63.6lbs

**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**

20929

**DATE**

9/8/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History atrial myopathy; atypical DCM; history atrial fibrillation. Current presentation: Ace has been having some labored breathing noted at home. He has been coughing occasionally but has not had any collapse episodes noted. Ace continues to eat well but his activity level has been declining a bit. CV/RESP: arrhythmia noted, grade III/VI murmur with PMI left apical area PSS lung fields clear.

-Current medications: 1) Pimobendan/vetmedin 20mg 1/2 tab three times a day 2) Enalapril 10mg 1 tab twice a day 3) Sotalol 80mg 1/2 tab twice a day 4) Spironolactone 25mg 1 1/4 tabs twice a day 5) Torsemide 5mg 3/4 tab twice a day 6) Amlodipine 2.5mg 1 tab twice a day---not giving.

-Pertinent previous echo findings (4/2020 MML): Marked LAE, borderline FS: 26%, lesion associated with RVFW: 2.8 x 1.9cm. Moderate RAE, moderate TR: 2.4m/s. LV: 3.8/2.8, LA: 5.7.

**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 markedly progressively dilated.

**Mitral valve:** The mitral valve is minimally thickened with no prolapse into the left atrial lumen. Moderate central 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:** RV appears mildly dilated.

**Right atrium:** Moderate RA dilation.

**Tricuspid valve:** The tricuspid valve appears normal with moderate double jet of 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:** Scant pericardial effusion. Large volume pleural effusion noted; successfully removed mid study. No obvious cardiac masses.

**Heart rhythm:** ECG reveals atrial fibrillation with an average HR of 130bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.9
LA diam (cm)	7.2
LA:Ao (Swe)	3.8
IVS thickness (cm)	0.85
LVID diastole (cm)	3.7
PW thickness (cm)	0.96
LVID systole (cm)	2.6
FS (%)	29

**Doppler Measurements**

PV Vmax (m/s)	0.44
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	4.8
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, these findings are marked yet similar. The degree of left atrial enlargement continues to increase; however, the remainder of the exam is largely unchanged. The previously noted mass-like lesion associated with the right ventricular is not apparent in this image set which may suggest simple artifact. Follow up remains advised. The patient did have large volume recurrent pleural effusion as the cause of current clinical signs, which was successfully removed. No additional issues are identified, and the heart rate is reasonable for a patient in atrial fibrillation.



### PATIENT

**Ace Recene**

Given these findings, no additional medications are warranted. Recurrent effusion may suggest a need for increased diuretic therapy. That being said, the timeline is highly important as if this patient has not required a tap since the prior study was performed, this would still suggest reasonable control. Any increase in diuretic poses risk for worsening kidney values and the risk versus benefit must be weighed with each change.

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Prognosis remains poor to grave long-term; however, it is encouraging that the patient has maintained stability thus far. Quality of life is of the up most importance to determine when humane euthanasia should be elected.

### SEX

Male Neutered

### RECOMMENDATIONS

- Assuming the interval between taps is reasonable, no change to the medications is warranted at this time.
- If taps become more frequent and kidney values will allow, consider a slight dose increase in Torsemide to 5mg PO q12h.
- Continue additional medications as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthesia is not advised.
- Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing).
- Moderate exercise restriction is advised.

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### WEIGHT

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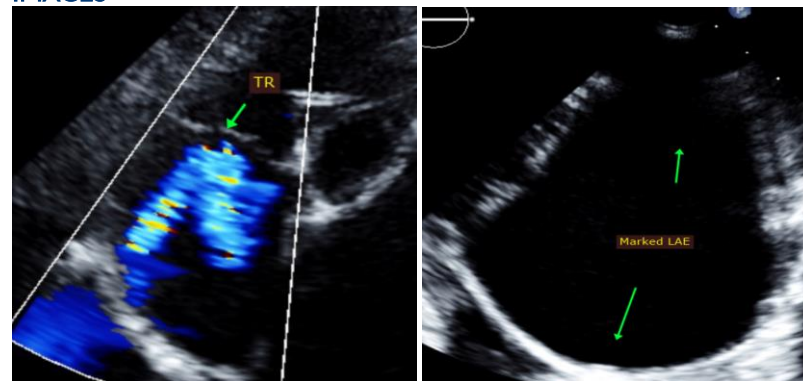
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### PLAN

- Monitor BP and heart rate every 3-4 months life-long.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

### IMAGES



### IMAGING PERFORMED BY

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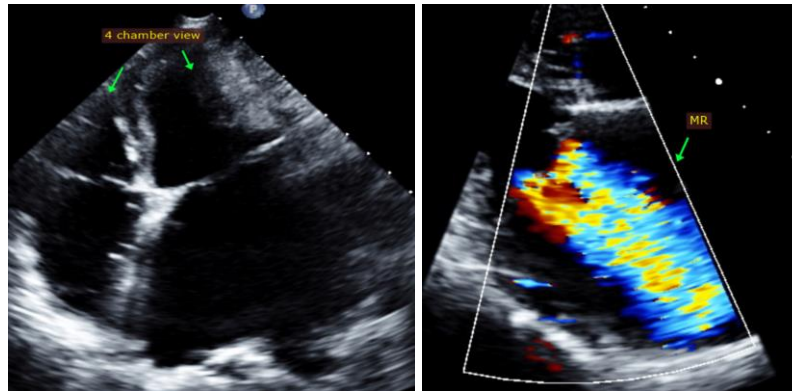
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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