

Mass Veterinary Cardiology Services Inc  
305 Suffield St  
Agawam, MA 01001  
413-372-5127/413-734-1292

## Medical Exam Report Card

Exam Date: SEP 25 14 - 12:58pm  
Record No: 11511  
Provider: NANCY MORRIS DVM, DACVIM-C

Patient: LOUIE  
Age: 0 yrs 4.1 mns  
Weight: 53 lbs 24.04 kgs  
LAURA WELLS  
216 MOHEGAN RD  
SHELTON, CT 06484

Problem: No Entry Location: No Entry

Species: CANINE  
Gender: M

Breed: ROTTWEILER  
DOB: MAY 24 14 Age: 0 yrs 4.1 mns

Provider: NAM

Record: 11511 - Page: 1  
Weight: 53 lbs 24.04 kgs

### Exam Summary

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Has developed a loud heart murmur. Had bronchitis in July placed on clavamox for this. Coughs occasionally when excited.

### Exam Detail

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Body System	Status	Findings
Heart Sounds	<u>Abnormal</u>	Grade 4/6 systolic murmur heard best in both left and right basilar regions, no palpable thrill--pulses palpable but decreased pulse quality
Blood Press...	Normal	Doppler systolic blood pressure: 112
TPR	Normal	T 100.5 P 150 RR 24
Heart Rhythm	Normal	During echo study, single lead ECG --some periods of arrhythmia in which the rhythm was bigeminal --abnormal complexes were near isoelectric in Echo lead suspect ventricular origin but once hooked to 6 leaqd ECG to clarify, 3 minutes of monitoring revealed all normal sinus rhythm at 125 to 140 BPM

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**Medical Record Notes**

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**Echocardiogram Report**

*Right Atrium : normal size Right Ventricle: normal size*  
*Left Atrium (cm): 2.36 Aorta (cm): 2.39 LA/AO: 0.99 normal left atrial size*

*Left Ventricle:*  
*IVSd (cm):1.18 IVSs (cm): 1,59*  
*LVDd (cm): 3,.40 LVDs: 1.99*  
*LVPWd (cm):1.07 LVPWs:1.44*  
*Fractional Shortening: 41.5%*

*Left Ventricular Outflow Tract m/sec: Highest velocity recorded 3.94 m/sec (62 mmHg), moderate AI is present, there is a visible narrowed region below the aortic valve leaflets. There is a small region of echo drop out in the membranous septum, no flow could be demonstrated across this region with either color flow doppler or spectral doppler. The narrowed region below the aortic valve is more visible in real time 3-D images than in 2-D images*

*Right Ventricular Outflow Tract m/sec: 1.20 laminar flow, trivial PI, pulmonary valve leaflets and MPA appear structurally normal*

*Mitral Valve: trivial MR*

*Mitral Valve: E:0.73 A:0.73 E/A: 1.0*

*Tricuspid Valve: normal*

*Comments:*

*Diagnosis: Subaortic stenosis, based upon gradient across the aortic valves, currently moderate, compensated. However, the 2-D lesion appears more severe that this and this may worsen as he ages. SAS does not typically reach its most severe narrowing until up until 2 years of age. he is also having arrhythmias which appear to be ventricular in origin though I was not able to prove to 100% surety. See comments on ECG/*

*Plan: 1. Typical treatment for SAS is to use a beta blocker to slow the heart rate and relax the stiffened muscle. In him I recommend Sotalol which is not only a beta blocker but has additional properties to treat ventricular arrhythmias. I recommend we begin with 80mg tabs --1/4 tab twice daily for 3 days then increase to 1/2 tab twice daily, as he gains weight we will need to increase dose. In 1-2 wks, 24 hour holter monitoring is recommended to see that we have arrhythmias better controlled and that we do not need to change meds or increase dose.*

*2. Dogs with moderate to severe SAS are at risk of sudden death from arrhythmias.*

*3. His disease is currently classified as moderate, and if it remains this category and his arrhythmias do not worsen, this category typically begins to develop clinical signs in middle age. Dogs with Severe SAS typically die suddenly 6 months to 1.5 years of age. Some with severe SAS do well to 3-4 years of age or rarely even older.*

# 6x1 ECG Report

## Patient Details

Name: louie wells  
ID: 920690826528560980  
Gender: Male  
Date of Birth: ~~9/25/2013~~ (1 years)  
Height: 5 ft 6 in  
Weight: 0 lbs

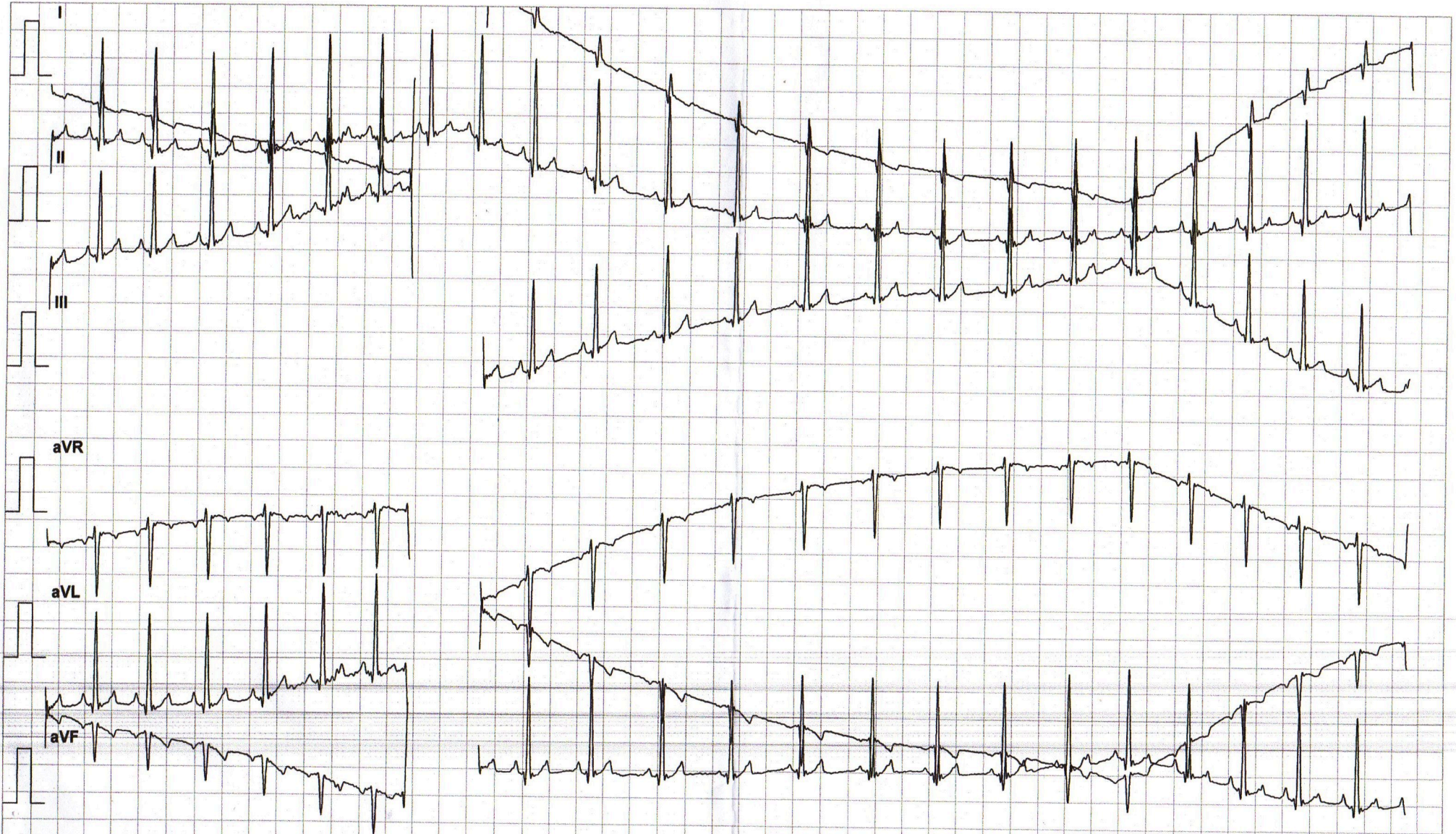
## Recording Details

Recorded: 9/25/2014 1:32:42 PM  
Device: CL 234494  
Location:

## Interpretation (Unconfirmed)

Leads off. ECG not analysed.  
Signal out of range. ECG not analysed.

## Comments:



Scale: 25.0 mm/s 10.0 mm/mV 5mm/sqr.

Data must be reviewed by a qualified physician.

Filters: 60.00Hz; 0.05 - 35 Hz