



PATIENT

Sasha Prabha

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

14 years

WEIGHT

12.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Vogler

INVOICE

28263

DATE

1/11/23

PRESENTING CLINICAL SIGNS

History: New heart murmur noted on 1/7/23. Presented for 2 syncope vs seizure events on the 7th; no ur+/BM. No noted pre/post ictal phase. Episodes occur w/ stress of after a walk. P faints for a few seconds. Prior DVM started Pheno, no longer taking.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Mild LV dilation with adequate myocardial function. The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. Right heart appears normal. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. Mild to moderate aortic and no pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.9	3.3	1.3	1.4	58	89	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	120	1.4	0.8	5.5	1.9	2.9	1.1
*Normal chamber parameters expressed as a mean value (SD)							
BODY WEIGHT DEPENDENT PARAMETERS							
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>							
				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing moderate mitral and mild tricuspid regurgitation. Mild left atrial enlargement indicates the current risk for complication is low. Early pulmonary hypertension is noted which is of unknown significance in a dog without respiratory signs. A significant aortic leak is noted, and a baseline blood pressure is recommended. No additional issues are noted in this study.

These findings would suggest structural disease is unlikely to be the cause of recent collapse episodes. While syncope can certainly be a sign of pulmonary hypertension, only mild changes are seen here and this type of syncope is exertional in nature due to hypoxia. Other possibilities



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should be considered including an intermittent arrhythmia, blood pressure swings such as due to an adrenal tumor, vaso-vagal event, etc. Full systemic evaluation is advised. The resting heart rate is slow in this patient, which is suspected to reflect high vagal tone. Causes of high vagal tone should be considered in this case.

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In a dog without significant left atrial enlargement, no cardiac medications are typically indicated. That being said, given the unusual presentation and totality of the findings reasonable to initiate Pimobendan at this time. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

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PLAN

Full systemic evaluation is advised, including a blood pressure. Institute Pimobendan 0.3mg/kg PO q12h.

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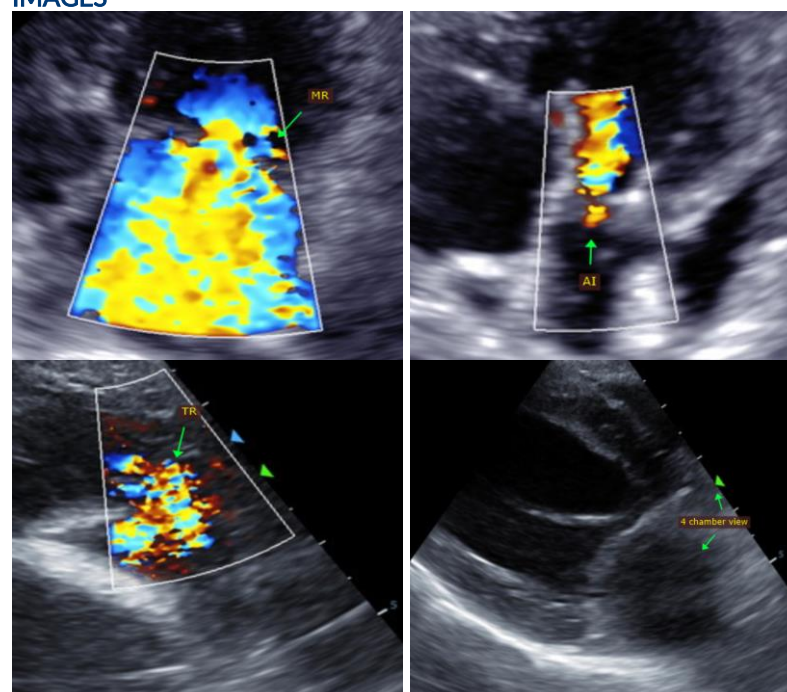
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(Cardiology)

Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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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)
info@sonopath.com

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