



PATIENT

Will HS Guaynabo

SPECIES

Canine

BREED

Terrier Mix

SEX

Male

AGE

8 months

WEIGHT

24.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Ferrer

INVOICE

28238

DATE

1/11/23

PRESENTING CLINICAL SIGNS

History: Recheck echo following cutting balloon membrane dilation and transmembrane stent placement to correct a Cor Triatriatum Dexter. The procedure was done on 12-1-2022 at CSU and the patient has been doing well since then. No evidence of ascites.

-Current medications: Clopidogrel 75mg: 1/4 tablet PO SID.

-Pertinent previous echo findings (CSU): CTD imperforate on echo; angio confirmed a perforation. Procedure report (12-1-22): cutting balloon performed successfully; stent placed eliminating the obstruction

Recheck echo 12-6-22 (CSU): right caudal chamber visible (smaller than previous); laminar flow within the stent without an obvious thrombus. Increased RA/RV dt inc preload, mild TR, mild ascites

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The RV is largely unremarkable without significant RV hypertrophy. No obvious septal flattening. Mildly increased chamber size compared to the pre-op images. The LV is normal dimension with mild myocardial dysfunction. The left atrium is mildly enlarged. Mild TV thickening. No obvious TR. CTD persists, with a round hyperechoic stent seen within the septum. No obvious intraluminal clots appreciated. The MPA is normal in dimension with mildly increased velocity. The aortic outflow is normal. No AI. No pericardial or pleural effusion noted. No obvious cardiac masses. The hepatic vasculature is mildly congested; however, no ascites is seen.

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	NA	NA	NM	1.4	25	48	0.37
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	NM	1.1	2.0	11.0	2.2	3.6	2.7
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CTD persists, with the septal stent intact. The right heart is improved in dimension, and flow through the region appears laminar. No obvious thrombi are seen associated with the stent. The LA and LV are unchanged compared to the CSU report, with mild persistent dysfunction. No additional issues are identified.

Based upon these findings, no additional medications are warranted at this time. Prognosis remains guarded long term, and monitoring is advised lifelong.

Per CSU, recommend continue Plavix for 6 months following the procedure. At that point, reasonable to discontinue.

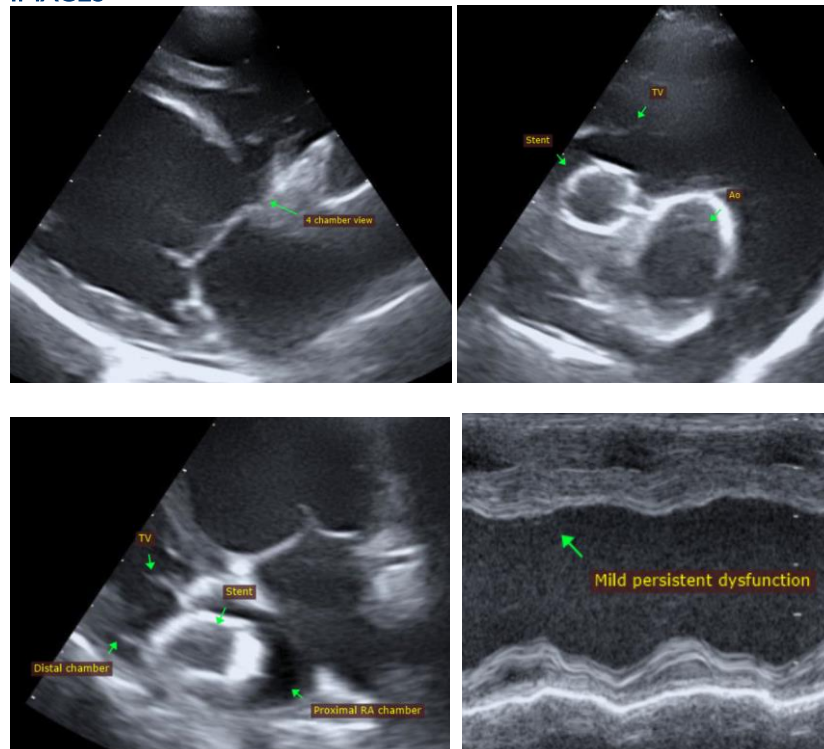
Monitor for associated clinical signs lifelong, including recurrent ascites/abdominal distention, syncope and or significant lethargy. Lifelong activity restriction is advised, while maintaining QOL in an otherwise healthy young dog.

PLAN

Continue Plavix as previously recommended. If the patient continues to do well with no collapse or other associated clinical signs, discontinue 6 months following the procedure (June 2023).

A recheck echocardiogram is recommended in 8-12 months, sooner if any clinical signs arise.

IMAGES





PATIENT

Will HS Guaynabo

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.

SPECIES

Canine

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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Terrier Mix

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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