



PATIENT

Emma Hadarmard

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

8 years

WEIGHT

15.7lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Eduardo Rodriguez
III, RCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Hauser

INVOICE

28341

DATE

1/16/23

RESENTING CLINICAL SIGNS

History: Emma becomes cyanotic when stressed. 5/13/22 Owner reported lethargy at home. Febrile. 4Dx was neg. Elevated WBC. Responded to Doxy, NSAID, fluids. Owner requested ECG to cardiopet: Normal sinus arrhythmia. A mild left axis deviation is present. 1/3/2022 lethargy. Temp: 101.7 HR:120. Normal rhythm, no murmur. Became cyanotic when on back for US of bladder and stressed. Cardiopet proBNP WNL at 250. BP: 220, 262, 270 (stressed). *Sedated with Gabapentin and Torbugesic for echo.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 100bpm (range 53-150bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation.

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 normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace/mild 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: 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. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of bpm.

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	2.0
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.60
LVID diastole (cm)	2.5
PW thickness (cm)	0.7
LVID systole (cm)	1.0
FS (%)	62

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Subclinical chronic degenerative valve disease is suspected, with mild MV thickening and trace/mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study. Assessment of progression in the future



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will help predict long term prognosis, which is highly variable at this stage (early B1). The ECG is unremarkable with a respiratory sinus arrhythmia.

SPECIES
 Canine

No cause for exertional cyanosis is seen in this study. Primary respiratory issues are most likely given the signalment.

BREED
 Yorkshire Terrier

RECOMMENDATIONS

- In an asymptomatic dog without significant left atrial enlargement, no cardiac medications are clearly indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

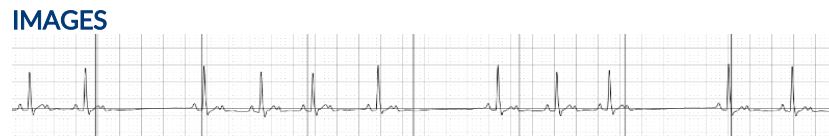
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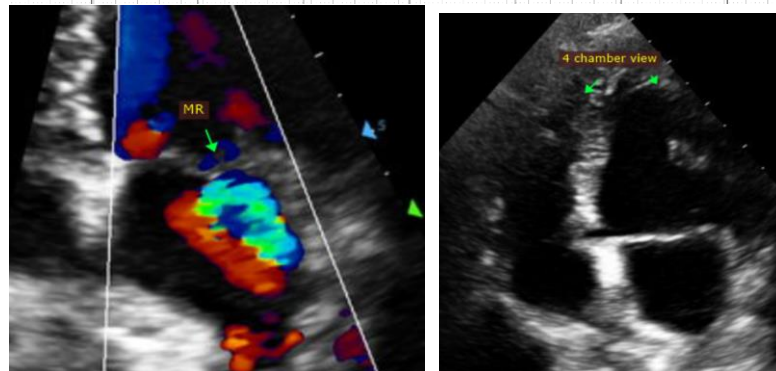
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 12 months, sooner if any development of clinical signs.

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HOSPITAL NAME
 Falmouth Animal Hospital

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.

REFERRING VET
 Dr. Hauser

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.

INVOICE
 28341

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

DATE
 1/16/23

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