



PATIENT

Paco Paulsen

SPECIES

Canine

BREED

Pointer

SEX

Male

AGE

12 years

WEIGHT

80lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Ortiz

INVOICE

28337

DATE

1/16/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Asymptomatic. No heart murmur heard today
-Abnormal PE/Chem/CBC/UA Results: BW: T4: 1.2 (1-4) CHEM: wnl CBC: Hct 36 %, WBC 20k
-Pertinent previous echo findings (5/2022 MML): NSF; h/o VPCs and 1st AVB on pre-op ECG

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace eccentric mitral regurgitation with normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and mildly elevated aortic outflow velocities with laminar flow. No obvious aortic and pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses. Isolated VPCs throughout.

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	1.2	28	54	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	115	1.2	0.9	36.3	2.7	4.7	3.4
*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>							
Adapted from June Boon, Veterinary Echocardiography, 1998				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
Hansson et al, Vet Rad and Ultrasound 2002				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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

Persistently normal cardiac dimensions and function are identified in this study, with no obvious dysfunction or dilation of the left heart. Trace MR is unchanged, and there is no evidence of pulmonary hypertension or significant valve leaks. Isolated VPCs persist, and a repeat screening ECG is recommended.

No structural cause for arrhythmias is identified as was noted in the prior evaluation. Consider systemic or primary arrhythmic causes. Treatment and/or further evaluation should be dictated by the ECG report.



PATIENT

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No structural contraindication for general anesthesia; however, this does not address the arrhythmia. Anesthetic guidelines should be dictated by the amount and complexity of the arrhythmia.

SPECIES

Canine

Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

BREED

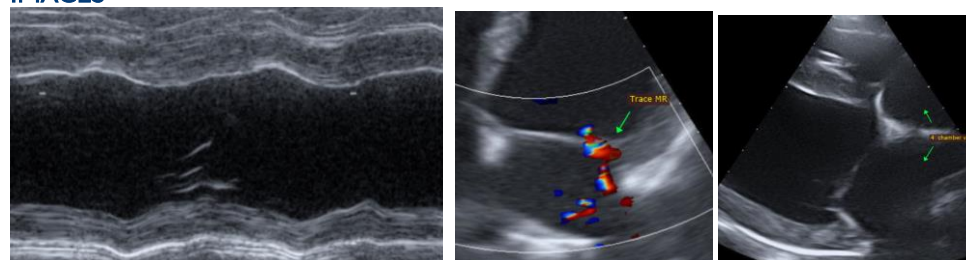
Pointer

A recheck echocardiogram is recommended if a murmur develops, or signs of cardiac compromise develops.

SEX

Male

IMAGES

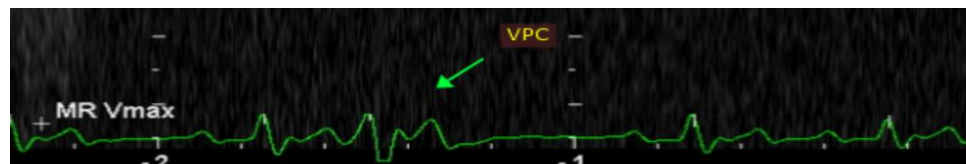


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

G. Ferrer, DVM

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.

HOSPITAL NAME

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