



PATIENT

Boze Marron

SPECIES

Canine

BREED

Viszla

SEX

Male Neutered

AGE

4.1.14

WEIGHT

90lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Friendly Paws Vet
Clinic

REFERRING VET

Dr. Price

INVOICE

28595

DATE

1.27.23

PRESENTING CLINICAL SIGNS

History: Cardiomegaly with mild left axis deviation, wandering pacemaker, elevated ALT and GGT liver enzymes. Hx of seizures (controlled). Excessive appetite and thirst suggestive of Cushing's disease. Some evidence of dental disease. Hx of atopy and furunculosis. Hx of echocardiogram at CVCA showing mitral valve regurgitation in 2021. Enlarged popliteal lymph nodes.

-Pertinent abnormal PE/Chem/CBC/UA Results: Phenobarbital level normal, ALT 90 (4-75), GGT 7 (0-7), ALK 141 (18-214), Tbili 0.11, tot prot 8.6 (5.3-8.4), BUN 86, USG 1.024, pH 5.0, chem and micro normal, T4 2.3, BP ave 127/73, MAP 91, PP 54.

-Current medications: Cytopoint 100mg q mon, Carprofen PRN, Phenobarbital 1.5gr BID.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results: No previous.

-STAT: Not requested

-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of the mitral valve leaflets with no prolapse into the left atrial lumen. Trivial central mitral regurgitation with a 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 aortic outflow velocities with laminar flow. No obvious aortic or 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	NM	NA	NM	1.2	33	62	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	140	1.5	0.94	40.8	3.2	3.9	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)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

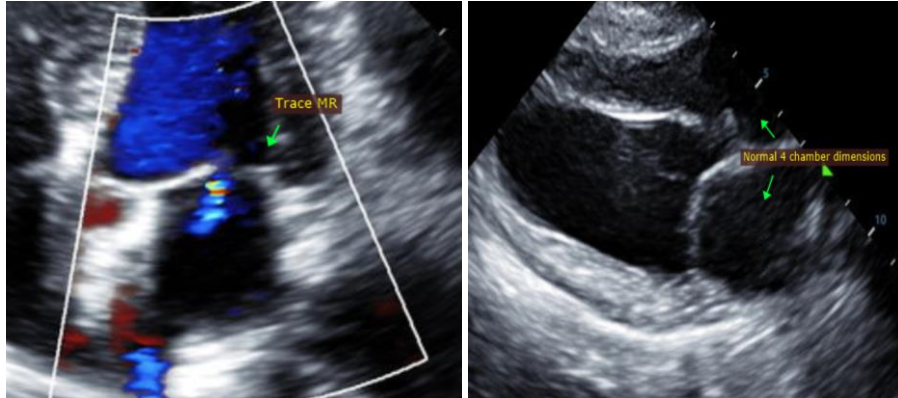
Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. A trivial mitral leak is noted (as was previously documented) which may suggest early valve disease; however, a physiologic origin is suspected. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension.

No cardiomegaly is appreciated, suggesting the radiographic abnormality is a normal variant. These films should be used as a baseline for future comparison,

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

A recheck echocardiogram is recommended in 1 year, sooner should a significant murmur develop or signs of cardiac compromise be noted in the interim.

IMAGES



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.

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.

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