


PATIENT

Jack Lahrman

SPECIES

Canine

BREED

Pitbull

SEX

Male Neutered

AGE

~3 years

WEIGHT

50.6lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

T. Tenorio, DVM

HOSPITAL NAME

 Wauwatosa
 Veterinary Clinic

REFERRING VET

Dr. Haynes

INVOICE

21544

DATE

10/15/21

PRESENTING CLINICAL SIGNS

 History: Recheck echo. Doing well at home. Coughing on occasion. Being supplemented with Taurine.
 -Pertinent previous echo findings (4/2021 MML): FS: 25%, mild increase in sphericity. No LVE. LVIDd: 4.5, LVIDs: 3.3, LA: 2.6.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve with no prolapse into the left atrial lumen. No mitral regurgitation; high normal left atrial dimension. Normal LV dimension. Mild systolic dysfunction. Mild increase in sphericity. The tricuspid valve appears normal with trivial tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology; no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. No AI and trivial PI appreciated. 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	NA	NA	1.1	1.2	26	50	0.58
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	1.2	0.7	23.0	2.6	4.2	3.1
*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

Largely unchanged cardiac dimensions and function. No significant LV dilation has developed, and the systolic function is similar to the prior study. Continued monitoring is advised going forward; however, so far, the disease appears stable.

Given the echo findings, continue Taurine lifelong going forward. No obvious indication of medications.



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Given these findings, the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc.).

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Monitor for development of a heart murmur, labored breathing, exercise intolerance or collapse episodes. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

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Pitbull

Anesthetic risk is considered mild at this time; however, a screening BP is advised prior to induction. 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

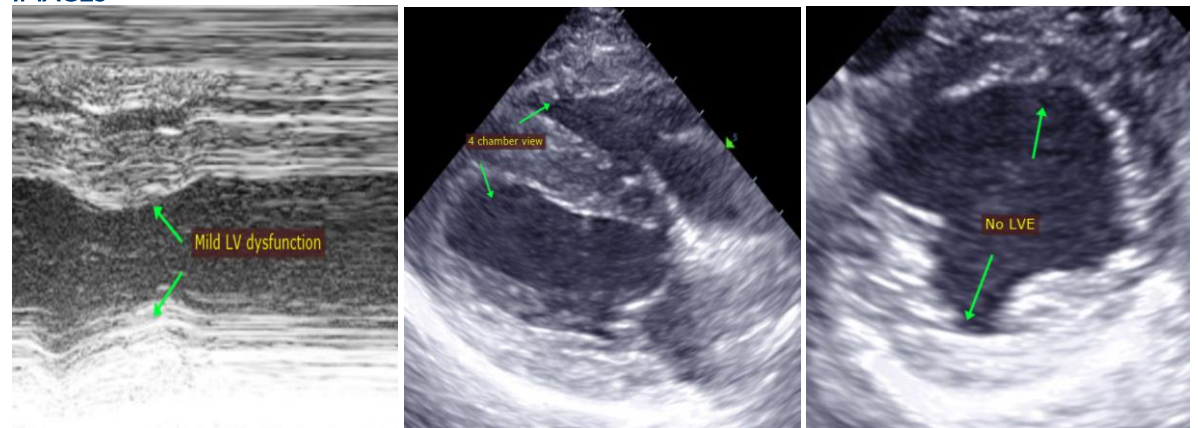
Continue Taurine supplement as previously recommended.

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if clinical signs arise.

WEIGHT

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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.

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

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