
PATIENT

Cody Bicknell

PRESENTING CLINICAL SIGNS

 History: Coughing, possible heart murmur. On Hydrocodone.
 -Abnormal PE/Chem/CBC/UA Results: Creatinine 138 and BUN 18.65.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Trace mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears thickened with septal prolapse and mild tricuspid regurgitation. Prominent right heart. TR velocity is normal. 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.

BREED

Yorkshire Terrier

SEX

Male Intact

CARDIAC CHART
AGE

14 years

| 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 | 5.5 | 2.6 | 1.1 | 1.2 | 33 | 66 | 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 | 10 | 0.92 | 1.0 | 2.4 | 1.2 | 1.5 | 1.3 |
| *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) |

WEIGHT

5.4lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

 St Catherines Animal
 Hospital

REFERRING VET

Dr. Boctor

INVOICE

21574

DATE

10/18/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing trace mitral and mild tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. Early pulmonary hypertension is suspected which is likely developing secondary to the cough/airway disease. No concurrent issues such as systolic dysfunction are noted in this study.

Given these findings, the cough is certainly non-cardiogenic in origin. Respiratory disease is considered most likely, and screening chest radiographs may be helpful as a baseline. If the cough is poorly controlled/progresses long term, this can certainly lead to worsening



PATIENT

Cody Bicknell

of PAH. Clinical signs of significant PAH include exertional dyspnea/collapse. Continued monitoring is advised. Cough control is recommended lifelong (hydrocodone, intermittent AI prednisone, fluoroquinolone for acute flare up, etc.).

SPECIES

Canine

In a dog without significant left atrial enlargement, no cardiac medications are clearly indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

BREED

Yorkshire Terrier

No cardiac contraindication for general anesthesia prior to chamber enlargement.

SEX

Male Intact

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

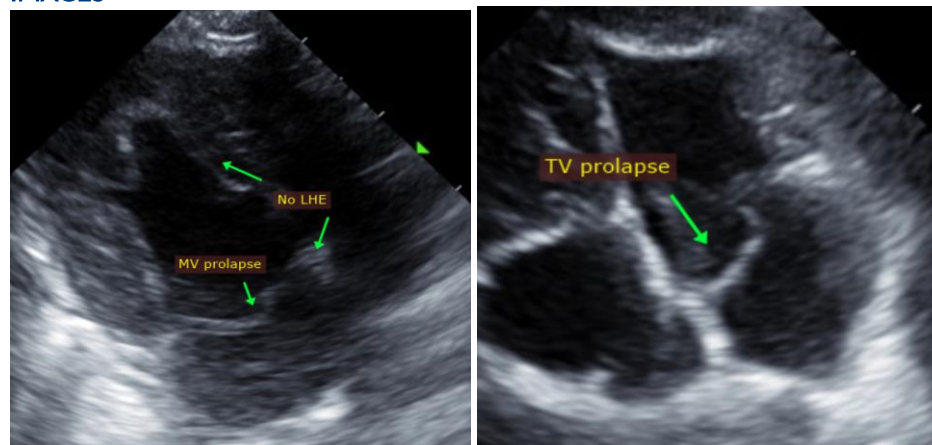
AGE

14 years

IMAGES

WEIGHT

5.4lbs



INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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

Crystal Hill, RVT

HOSPITAL NAME

St Catherines Animal
Hospital

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.

REFERRING VET

Dr. Boctor

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

INVOICE

21574

DATE

10/18/21