



PATIENT

Willy Donahue

SPECIES

Canine

BREED

Beagle

SEX

Male Neutered

AGE

12 years

WEIGHT

34.4lbs

PRESENTING CLINICAL SIGNS

History: Presented with worsening cough over 6 months period. Difficult to auscultate due to crackles in chest. Radiographs: cardiomegaly. BP: 142-147mmHg. Medication: Furosemide 12.5mg 1 1/2 tablets BID.

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 normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace central mitral regurgitation.

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 thickened 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 120bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

| | |
|--------------------|-----|
| Ao diam (cm) | 1.6 |
| LA diam (cm) | 1.9 |
| LA:Ao (Swe) | 1.2 |
| IVS thickness (cm) | 0.8 |
| LVID diastole (cm) | 3.0 |
| PW thickness (cm) | 0.9 |
| LVID systole (cm) | 1.7 |
| FS (%) | 44 |

Doppler Measurements

| | |
|----------------|-----|
| PV Vmax (m/s) | 0.8 |
| AoV Vmax (m/s) | 1.2 |
| MR Vmax (m/s) | NA |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. A small mitral leak is noted; however, this is likely physiologic in the absence of a heart murmur. No significant valvular leaks are visualized, and no structural issues or obvious pulmonary hypertension are seen.

HOSPITAL NAME

Wignall Animal Hospital

REFERRING VET

Dr. Khayami

INVOICE

21644

DATE

10/21/21

RECOMMENDATIONS

- No cardiac medications are clearly indicated, and Lasix can be discontinued.



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- Continued workup/treatment for respiratory signs as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

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- No cardiac contraindication for general anesthesia prior to chamber enlargement.
- Monitor for development of a murmur, cough, labored breathing, exercise intolerance or collapse episodes.

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PLAN

- A recheck echocardiogram is recommended should a murmur or signs of progressive PAH be noted in the future (exertional dyspnea/collapse).

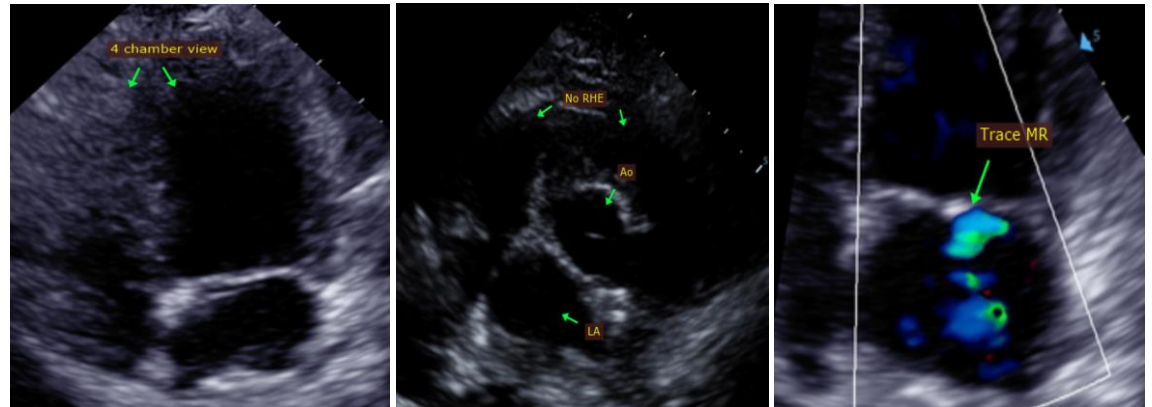
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

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

Wignall Animal
 Hospital

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