


PATIENT

Daisy Spence

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: Vetmedin 5mg 2 caps BID, Spironolactone 25mg 1 tab BID, Furosemide 1/2-tab SID, AM potassium supplement.

SPECIES

Canine

-Abnormal PE/Chem/CBC/UA Results: Na 161 HIGH 144-160 mmol/L K 6.4 HIGH 3.5-5.8 mmol/L Cl 120 109-122 mmol/L Na/K 25.

-Pertinent previous echo findings (5/2022 MML): Severe 4 chamber enlargement consistent with DCM. LV: 7.5/6.5, FS: 13%, LA: 4.6. Moderate MR, mild TR.

BREED

Golden RetrieverMix

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 5mm/mV. The average heart rate is 120bpm (range 100-136bpm). P waves are difficult to identify throughout; however, a sinus origin is suspected. P for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation.

AGE

2 years

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Severe left ventricular dilation with diminished systolic function and increased sphericity. Decreased LV wall thickness. Increased EPSS. Severe left atrial enlargement. The mitral valve appears mildly thickened, with no obvious prolapse into the left atrial lumen. Mild to moderate central mitral regurgitation. Normal velocity. Tricuspid valve appears normal in form and function. Moderate right atrial and ventricular dilation. Mild tricuspid regurgitation. Normal velocity. The aortic valve is normal in morphology and mobility. No aortic insufficiency. Mild pulmonic insufficiency. Normal RVOT and LVOT velocities. No pericardial or pleural effusion noted. No obvious cardiac tumors.

WEIGHT

81.6lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

CARDIAC CHART
IMAGING PERFORMED BY

Kelly Reschny, RVT

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	5.2	2.0	NM	2.5	14	29	2.5
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	2.0	1.2	37.0	4.7	7.1	6.1
*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

INVOICE

27106

DATE

10/25/22

HOSPITAL NAME

 Beattie Pet Hospital
 Burlington

REFERRING VET

Dr. Ruggieri



PATIENT

Daisy Spence

SPECIES

Canine

BREED

Golden RetrieverMix

SEX

Female Spayed

AGE

2 years

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, findings are similar. Four chamber enlargement is largely unchanged with marked systolic dysfunction. No obvious additional issues, such as pulmonary hypertension are noted. Additionally, the ECG is unremarkable with a respiratory sinus arrhythmia.

Given these findings, continued full cardiac support is recommended as below, including twice daily Lasix therapy. Taurine should be supplemented as well as previously directed. Additionally, a baseline blood pressure is recommended with use of an ACE-I if reasonable.

Even with stability seen here, prognosis is poor long-term; however, it is encouraging that the patient has done well thus far. Patient will always be at risk for recurrent CHF, collapse and sudden death going forward.

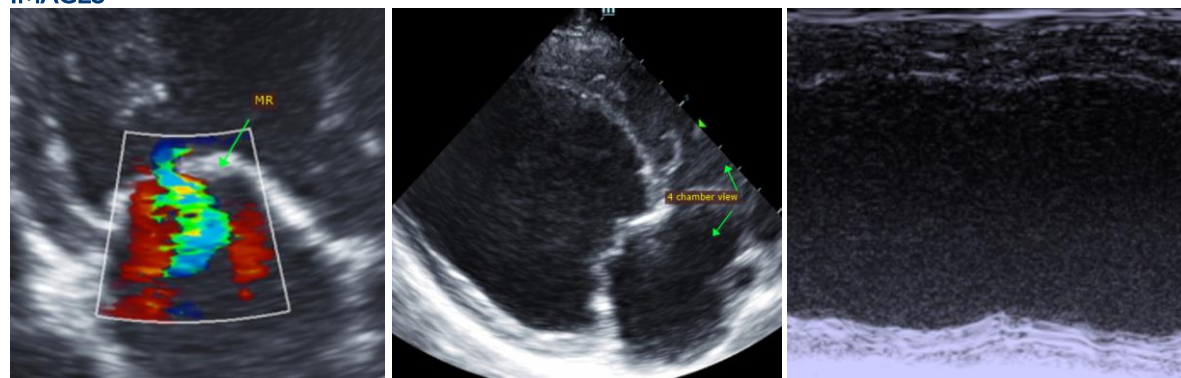
PLAN

Increase Lasix to 1-2mg/kg PO q12h. Continue Pimobendan and Spironolactone as prescribed. Consider an ACE-I pending BP assessment. Institute Taurine supplement 1000mg PO q12h.

Monitor renal values and BP every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months, sooner if clinical issues arise in the interim.

IMAGES





PATIENT

Daisy Spence

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.

SPECIES

Canine

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.

BREED

Golden RetrieverMix

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

SEX

Female Spayed

AGE

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