



**PATIENT**

Sophie Guzik

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

Female Spayed

**AGE**

11 years

**WEIGHT**

68lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Newton Veterinary  
Hospital

**REFERRING VET**

Dr. Verhalen

**INVOICE**

27094

**DATE**

10/25/22

**PRESENTING CLINICAL SIGNS**

History: Vomiting, diarrhea, lethargy. Tachycardia and lethargy. New bruising on abdomen today.  
-Current medications: Cerenia, metronidazole, bup  
-Abnormal PE/Chem/CBC/UA Results: BUN 69.2, Creat 1.4, TP 4.9, ALP 202.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. No mitral regurgitation with no left atrial dilation. Decreased LV diameter with evidence of pseudohypertrophy, likely consistent with volume depletion. Adequate myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right heart. 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. Scant to small volume pericardial effusion. No 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	NM	1.2	41	80	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	NM	1.6	0.8	30.8	2.3	3.4	2.0
*Normal chamber parameters expressed as a mean value (SD)							
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>							
<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**

The primary abnormality identified is a volume depleted left heart and scant to small volume pericardial effusion. In light of the history of increased breathing, there is great concern for a clotting issue in this patient. Immediate assessment of lab work and clotting times is recommended. The systolic function is intact, and no additional structural issues are identified.

Tachycardia is noted on exam and is seen throughout the study. Highly recommend an ECG evaluation as emergent anti-arrhythmic therapy is likely warranted.



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In summary, the findings in this exam are considered to be secondary, with concern for anemia/volume depletion and potentially a clotting issue, DIC, etc. Immediate referral for advanced evaluation and treatment is advised.

**SPECIES**

Canine

Monitor at home for collapse, exercise intolerance, and/or lethargy.

**BREED**

Pitbull Mix

Anesthesia is not recommended until good arrhythmic control is achieved. Lifelong mild to moderate activity restriction is advised.

**SEX**

Female Spayed

**PLAN**

Strongly recommend ECG/referral as discussed.

Follow up based upon clinical findings/progression.

**AGE**

11 years

**IMAGES**

**WEIGHT**

68lbs



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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**

Jessica Miller

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**

Newton Veterinary  
Hospital

**Maggie Machen Lamy, DVM**

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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