



PATIENT

Clark Vasilevsky

SPECIES

Canine

BREED

American Bulldog

SEX

Male Neutered

AGE

3 years

WEIGHT

82.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Dr. Ilovich

INVOICE

21757

DATE

10/28/21

PRESENTING CLINICAL SIGNS

History: Adopted over one year ago - heartworm positive and treated. Murmur noted - echocardiogram revealed pulmonic stenosis (records not available). New patient to us - checked 4DX - HW positive. No microfilaria seen, but a second antigen test was positive. Begin treatment doxycycline. Radiographs - cardiomegaly, interstitial lung pattern. Grade III/VI systolic murmur. BP: 145mmHg

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 is normal.

Mitral valve: The mitral valve is normal with no mitral regurgitation. Normal velocity.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace aortic insufficiency.

Right ventricle: The right ventricle appears minimally hypertrophied.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation. Normal velocity.

Pulmonic valve/pulmonary artery: The main pulmonary artery and branches are normal in dimension. No adult worms are identified. The pulmonic valve is abnormal with a tethered stenotic morphology. Mild pulmonic stenosis is identified. Trace pulmonic insufficiency.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 100bpm.

2-Dimensional Measurements

Ao diam (cm)	2.7
LA diam (cm)	3.0
LA:Ao (Swe)	1.0
IVS thickness (cm)	1.1
LVID diastole (cm)	4.4
PW thickness (cm)	1.0
LVID systole (cm)	3.0
FS (%)	32

Doppler Measurements

PV Vmax (m/s)	3.0
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure is documented in this study with no obvious significant PAH. Mild valvular pulmonic stenosis is identified which appears consistent with the prior study. This is of little hemodynamic significance in a 3-year-old dog; however, periodic screening for any progressive change is advised. More importantly, the right heart is not significantly enlarged and MPA branches are unremarkable with no obvious adult worms seen. It is important to note that ultrasound is not 100% sensitive for finding adult worms, although suspicion is low in a dog without associated clinical signs.

Treatment is recommended as dictated by the American Heartworm Society (www.heartwormsociety.org), including Immiticide. Strict cage rest required at least until 4-6 weeks following the final treatment.



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If treatment is successful, good chance for no long-term issues associated with HW disease (cough, pulmonary hypertension, pulmonary damage, etc.) given a normal cardiac structure and lack of clinical signs.

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Follow up echocardiography is only necessary if clinical signs of cardiac disease develop (murmur, cough, fainting, etc.).

BREED

American Bulldog

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Recommend further HW treatment as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Recommend split protocol as dictated by the American Heartworm Society.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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PLAN

- Recommend recheck in 12-18 months, sooner if clinical sings arise.

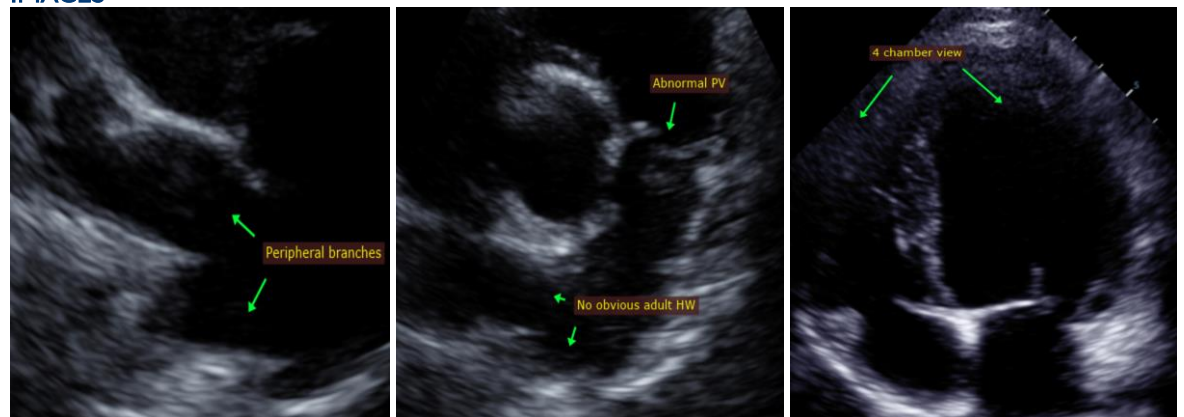
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

Norfolk County
 Veterinary Service

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

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