



PATIENT

Ella Guido

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

14 years

WEIGHT

24.3lbs

PRESENTING CLINICAL SIGNS

History: Presented due to acutely non-ambulatory in pelvic limbs. Ultrasound diagnosed distal aortic thrombus and suspected cholecystitis/cholangitis. Patient was severely hypertensive (250-280 mmHg). This has been better controlled with medical management. Patient was also diagnosed with pneumonia and elevated liver enzymes (cholestatic hepatopathy). Thoracic radiographs are suspected to be pneumonia and have shown mild improvement with antibiotic therapy. Patient continues to have mild increased inspiratory effort when out of oxygen, not distressed though. Today, right sided heart murmur noted which is new finding. Grade 2/6 murmur right sided (new finding). BP: 160mmHg. -Current medications: Enalapril 0.66mg/kg PO BID, amlodipine 0.22mg/kg PO SID -Abnormal PE/Chem/CBC/UA Results: Cholestatic hepatopathy - (TBIL static at 4, ALT 555, ALP 10,000) Severe leukocytosis (40 K/uL).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Trivial mitral regurgitation with a normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with mild to moderate tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. 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.

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro

HOSPITAL NAME

Veterinary Specialty
Care Blue Pearl

REFERRING VET

Dr. Hirsch

INVOICE

26697

DATE

10/4/22

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	2.7	NM	1.2	44	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	1.5	1.0	11.0	2.2	3.2	1.8
*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)

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



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only cause for the murmur identified is mild to moderate tricuspid regurgitation. The pulmonary pressures appear normal with a normal TR velocity and no significant right heart or MPA enlargement. The history is certainly concerning for an acute change such as a PTE given the totality of the findings; however, an elevated TR velocity would be expected. Regardless, careful monitoring is advised, particularly if the respiratory rate and effort were to increase in the short-term. In this instance, Sildenafil should be instituted; however, at this time there is no indication for medications. The left heart is largely normal without obvious secondary changes from reported systemic hypertension.

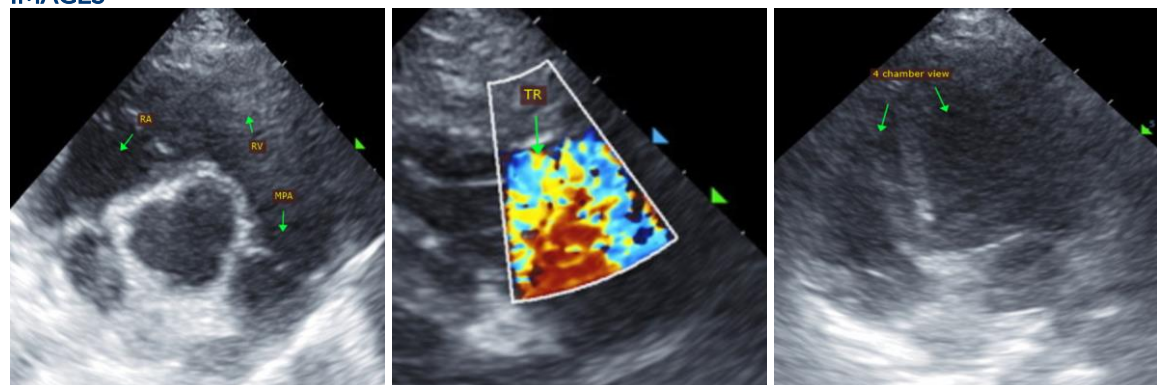
Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

Prognosis is guarded prior to assessing for progression.

PLAN

If RR/RE continue to worsen, institute Sildenafil 1-2mg/kg PO q8-12h. Otherwise reassess to screen for progression in 6-12 months.

IMAGES



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.

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.

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