



PATIENT

Coco Bitner

SPECIES

Canine

BREED

Standard Poodle

SEX

Female Spayed

AGE

12 years

WEIGHT

64lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jennifer Todd, DVM

HOSPITAL NAME

Lambs Gap Animal Hospital

REFERRING VET

Dr. Todd

INVOICE

21347

DATE

10/5/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of progressive proteinuria (now UPC=0.9, USG=1.038). Coco has had increased thirst, excessive panting, restlessness and decreased appetite. CBC, Chemistry, T4 and cardiac ProBNP were all normal on 8/11/21. Current medications are: Most recent lab results on 9/30/21 showed increased WBC/Neuts/Monos, increased ALT(216) and increased GGT (13), normal snap cPL. Denamarin, Cerenia, enrofloxacin were prescribed. Coco had a splenectomy 2 years ago. -Pertinent previous echo findings (7/2019 MML): Normal structural and function. No metastatic lesions. No sinus rhythm. -Blood pressure: 174, 169, 170mmHg.

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; 25mm/s, 10mm/mV. The average heart rate is 140bpm (range 120-150bpm). The rhythm is sinus in origin, with a 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.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of the mitral valve with no obvious prolapse into the left atrial lumen. Trivial central mitral regurgitation with normal left atrial dimension. Normal LV diameter with adequate myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. No obvious mass lesions present adjacent to the aorta or associated with the RA, right auricle or AV groove. The pulmonic and aortic valves are normal in morphology and mobility. Normal aortic and pulmonic outflow velocities; laminar flow. No pericardial or pleural effusion noted.

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	0.9	1.3	32	60	0.25
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	1.3	1.0	29.0	2.3	3.4	2.3
*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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435



PATIENT

Coco Bitner

Hansson et al, Vet Rad and Ultrasound 2002	35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995	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)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

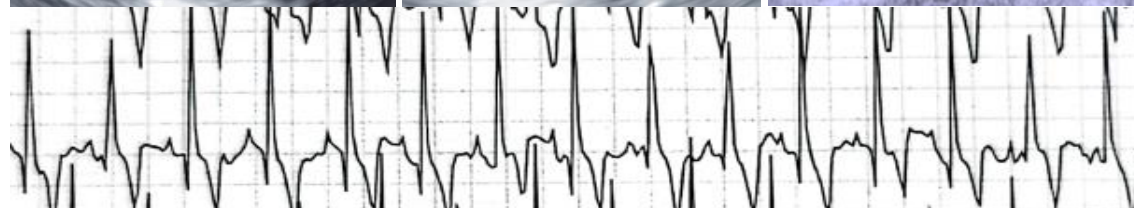
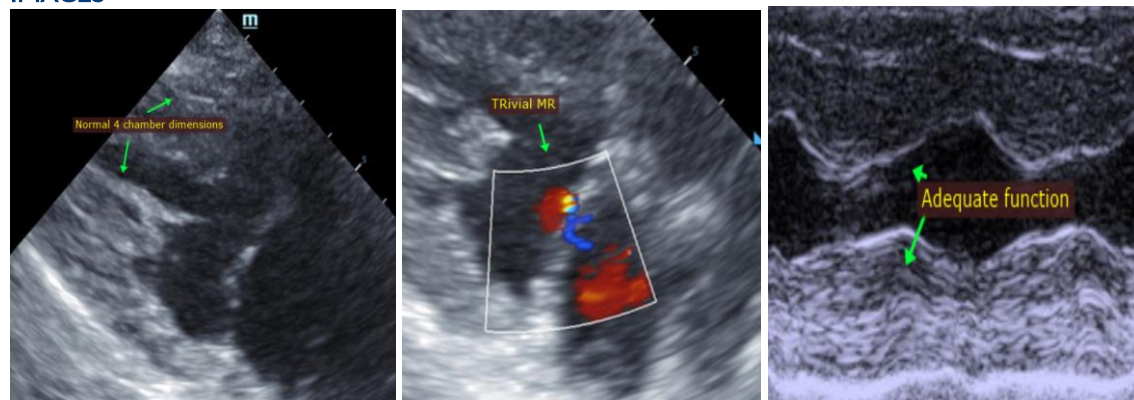
Overtly normal cardiac structure and function persists with no evidence of progression. No significant valve leaks are noted, and the function is normal. The ECG is also normal with no obvious arrhythmias identified. These findings are similar to the prior study with no evidence of structural cardiac disease.

No cardiac contraindication for general anesthesia.

No cardiac medications are indicated at this time. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

Recommend a recheck echocardiogram should a murmur, arrhythmia, or clinical signs of cardiac compromise be noted in the future.

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.

Maggie Machen Lamy, DVM

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