



PATIENT

Dawson Daniels
53642A

SPECIES

Canine

BREED

Boxer

SEX

Male Neutered

AGE

1 year

WEIGHT

~50lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. McDaniel

INVOICE

26741

DATE

10/5/22

PRESENTING CLINICAL SIGNS

History: Patient presented for PU/PD since May.

-Radiographs: 1.The bulge along the cranial cardiac margin could represent right atrial enlargement, such as secondary to tricuspid dysplasia or pulmonic stenosis. The bulge along the left side of the cardiac silhouette would be compatible with a pulmonary trunk bulge (which could also indicate pulmonary stenosis), although the ill-defined cranial margin of this bulge suggests that excessive fat deposition may also be present. 2.An alternate explanation for the cranial cardiac bulge is a right atrial hemangiosarcoma or less likely a chemodectoma. 3.Mild left atrial enlargement may be overestimated by the atypical overall cardiac conformation, but mitral dysplasia or mitral degeneration should be considered.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. No obvious mitral regurgitation with a normal left atrial dimension. Normal LV diameter with borderline systolic function. The tricuspid valve appears normal with trace 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

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	NM	2.5	NM	1.4	26	50	0.5
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	150	1.9	1.4	22.7	3.4	4.6	3.4
*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

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svsmobileimaging.com 309 - 737 - 3070

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. The LV function is borderline for this signalment, which is suspected to be a normal variant. Avoid nontraditional diets in this signalment lifelong. No right heart enlargement or MPA dilation are appreciated, making the radiographic abnormalities likely a normal variant. Finally, a mildly elevated aortic outflow velocity is noted which is a benign flow abnormality in this breed. This may cause a soft basilar murmur depending on HR/volume status. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension.

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

A recheck echocardiogram is recommended in 1 year, sooner if a murmur or 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. 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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