



PATIENT

Aubrey Roichauz

SPECIES

Canine

BREED

Minature Australian Shepherd

SEX

Male Neutered

AGE

9 years

WEIGHT

37.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

For The Love of Paws

REFERRING VET

Dr. Jernstedt

INVOICE

21407

DATE

10/6/21

PRESENTING CLINICAL SIGNS

History: CHF. Obese. Degenerative neuropathy. Dental disease. Arthritis. Coughing more, losing mobility, labored breathing (9/27/21)
 -Blood Pressure: 135/94 (110)mmHg.
 -Current medications: Carprovet Tablet 25mg 1 BID, Enalapril Tablet 10mg, 1/2 SID, Gabapentin Capsule 100mg, 1 BID, Thyro Tablet Canine 0.3mg 1 BID, Furosemide Tablet 20mg 2 BID, Spironolactone 25mg Tablet 1 BID, Vetmedin 10mg Tablet 50ct Bottle 1/2 SID.
 -Pertinent abnormal lab results: NSF.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
 Normal cardiac silhouette. No obvious evidence of CHF.

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, 20mm/mV. The average heart rate is 120bpm (range 75-150bpm). 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 dysrhythmias observed.
 ECG diagnosis: Normal sinus rhythm with respiratory variation.

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 no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trivial tricuspid regurgitation. 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 mildly elevated 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	NM	1.1	1.2	56	89	0.16
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	114	2.2	0.9	17.2	1.5	3.0	1.5
*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)
				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)



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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	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

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. Small mitral and tricuspid leaks are identified; however, these are hemodynamically insignificant at this time. Finally, no murmur is mentioned in the history; however, if one is auscultated going forward this is likely caused by mildly elevated aortic outflow velocities. This is a benign origin of a flow murmur that often accompanies heart rate or volume changes. No additional issues are noted.

These findings would certainly suggest that the cough/labored breathing is noncardiac in origin.

This is supported by the ECG which shows a respiratory sinus arrhythmia, a common finding with high vagal tone. No cardiac medications are indicated at this time and Lasix, Spironolactone, Enalapril and Pimobendan can be safely discontinued. Continued work up for infectious/inflammatory respiratory causes is recommended. Options include Baytril or similar antibiotic, anti-inflammatory prednisone, aggressive hydrocodone, etc. If refractory, may consider TTW/BAL for further information. A Radiologist review of the films for a more detailed pulmonary evaluation may be helpful.

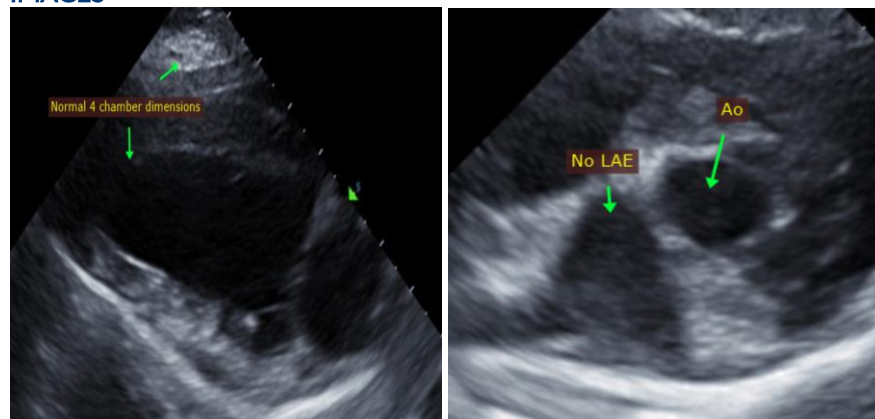
Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

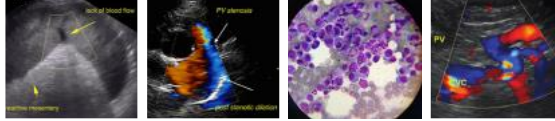
PLAN

Discontinue 4 cardiac medications. Consider Radiologist review of the films. Further respiratory evaluation/treatment as discussed.

Chronic respiratory issues can lead to pulmonary hypertension if poorly controlled and a recheck echocardiogram is recommended should any exertional syncope/dyspnea occur, or a murmur be noted in the future.

IMAGES





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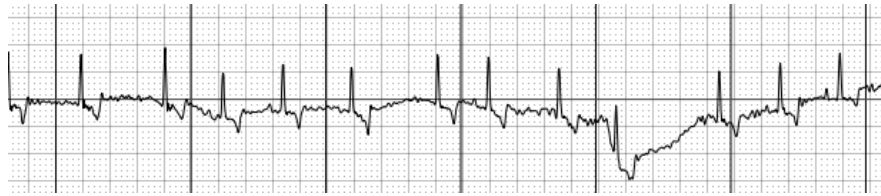
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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