



PATIENT

Roxy Tsuji

PRESENTING CLINICAL SIGNS

History: Arrhythmia. Tachypnea. History of epilepsy.
-Current medications: Levetiracetam, Gabapentin, Phenobarb.
-Pertinent lab results: NSF.

SPECIES

Canine

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

BREED

Miniature Dachshund

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; 50mm/s, 20mm/mV. The average heart rate is 80bpm (range 55-120bpm). 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.

SEX

Female Spayed

ECG diagnosis: Normal sinus bradycardia with respiratory variation.

AGE

14 years

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild mitral valve thickening with no obvious prolapse into the left atrial lumen. No mitral regurgitation; normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with mild TR. Velocity consistent with early pulmonary hypertension. Mild right heart prominence. Mild RV hypertrophy. No significant MPA or branch dilation. The pulmonic and aortic valves are normal in morphology and mobility. Normal LVOT/RVOT velocity. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac tumors seen.

WEIGHT

13.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

CARDIAC CHART

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

East Credit Veterinary
Hospital

REFERRING VET

Dr. Webster

INVOICE

26742

DATE

10/6/22

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	3.2	1.3	1.3	35	62	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	1.2	1.1	6.0	2.0	2.0	1.3
*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)
				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 abnormality identified is mild pulmonary hypertension with a small tricuspid leak. Mild right heart prominence supports this finding, with an elevated TR velocity. This is likely developing secondary to described respiratory disease and monitoring is advised. It is important to note that PAH develops secondary to primary respiratory signs if poorly controlled, rather than being a primary cause. Regardless, a lack of significant right heart changes indicate little concern at this time and primary respiratory disease should continue to be addressed. The left heart is essentially normal without significant pathology.

These findings would certainly suggest that the current respiratory issues are noncardiac in origin. Further evaluation/treatment of respiratory disease is recommended. Options include, Theophylline, Hydrocodone, a course of Baytril or similar, anti-inflammatory prednisone, etc. If refractory, TTW/BAL may be necessary.

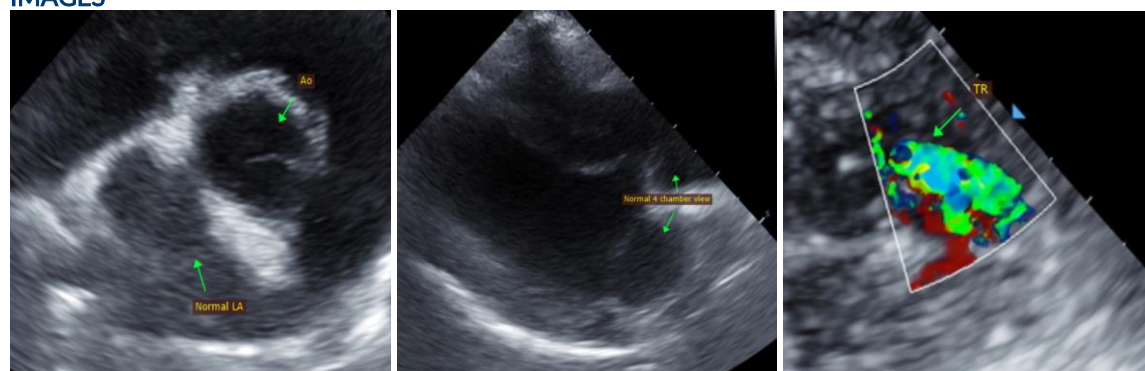
No cardiac medications are indicated. The best approach to early PAH is adequate cough control, as continuing inflammation within the airways leads to its development.

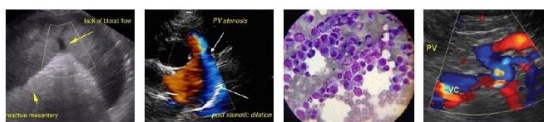
The ECG shows a respiratory sinus arrhythmia. This likely reflects high vagal tone which is common in dogs with respiratory disease. No dysrhythmias are observed.

Monitor for signs of PAH at home, including exertional syncope and/or dyspnea.

A recheck echocardiogram is recommended in 1 year, or if clinical signs of PAH develop (exertional syncope, etc.).

IMAGES





PATIENT

Roxy Tsuji

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.

SPECIES

Canine

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.

BREED

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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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