



PATIENT

Ray Hickford-Lance

SPECIES

Canine

BREED

Bull Mastiff Mix

SEX

Male Neutered

AGE

10.5 years

WEIGHT

84.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Alastair Westcott,
DVM

HOSPITAL NAME

Dr. Alastair Westcott

REFERRING VET

Dr. Westcott

INVOICE

21818

DATE

11/1/21

PRESENTING CLINICAL SIGNS

History: Presented in a lethargic, inappetent state with multiple splenic masses and hemoabdomen. Cardiac auscultation and rhythm was normal. Brief T=FAST did not suggest pericardial effusion. Thoracic radiographs were clear. Assess prior to chemotherapy.

-Abnormal PE/Chem/CBC/UA Results: Elevated AMYLASE, neutrophilia and a monocytosis. Low normal Hct with strong regeneration. Underwent splenectomy and recovered well in the perioperative period.

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 a normal left atrial dimension. Normal LV diameter with adequate myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function. No TR. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. No obvious mass lesions within the right heart or AV groove. The pulmonic and aortic valves are normal in morphology and mobility. Borderline increased aortic outflow velocities; laminar flow. Normal pulmonary outflow velocity with no pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac tumors.

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	1.4	38	68y	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	1.8	1.3	38.4	3.2	4.2	2.6
*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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac structure and function in this patient is overtly normal. Trace MR is physiologic at this time, with normal left heart dimensions. The function is adequate for this signalment, with no evidence of dysfunction. No obvious metastatic tumors seen, however in the absence of pericardial effusion small masses are easily missed. Finally, borderline elevated LVOT velocities



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are noted, which is a benign finding that may cause a soft basilar murmur depending on heart rate.

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

BREED

Bull Mastiff Mix

No contraindication to chemotherapy. A baseline ECG may be indicated as Doxorubicin can also lead to ventricular arrhythmias.

SEX

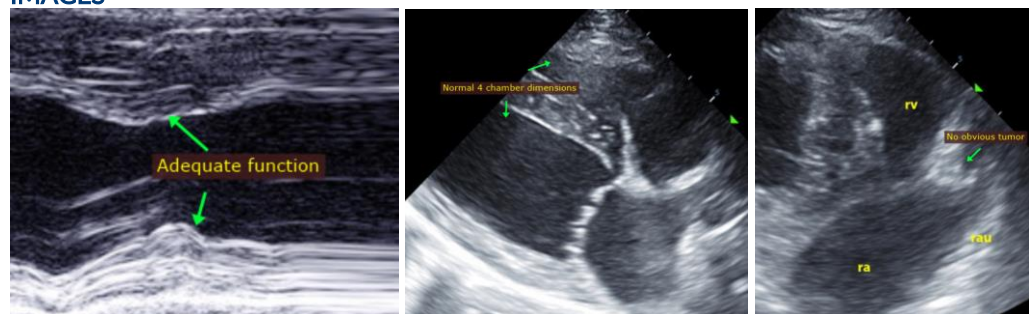
Male Neutered

Recheck as dictated by the chemotherapy protocol, or should a murmur or signs of cardiac compromise develop in the future.

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IMAGES



WEIGHT

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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.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

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