


**PATIENT**

Winnie Lynch

**PRESENTING CLINICAL SIGNS**

 History: Assess prior to dental. ECG abnormalities. BP: 180, HR: 120  
 -Current medications: Tobradex, trazadone, hepatosupport.  
 -Abnormal PE/Chem/CBC/UA Results: Mild elevation in ALT.

**SPECIES**

Canine

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. No MR; normal left atrial dimension. Mild LV hypertrophy (0.9cm) with a normal LV chamber. Adequate myocardial function. The tricuspid valve appears normal with no 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. A dynamic RVOT obstruction is noted, depending on HR. No pulmonic insufficiency. The aortic outflow velocity is normal with no AI. No pericardial or pleural effusion noted. No obvious cardiac masses.

**BREED**

Bichon Mix

**SEX**

Female Spayed

**AGE**

11 years

**CARDIAC CHART**
**WEIGHT**

11lbs

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NA	NA	1.2	1.1	53	86	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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	206	1.6	2.0	5.0	1.5	2.5	1.2
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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)

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

 Headon Forest  
 Animal Hospital

**REFERRING VET**

Dr. Wallace

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Essentially normal cardiac structure and function with no obvious valvular regurgitation or chamber dilation. Mild LV hypertrophy is noted, and a baseline BP is highly recommended. Interestingly, there is a dynamic RVOT obstruction (similar to what is seen in cats) which appears benign in origin. This is highly heart rate dependent. No significant valve leaks are identified.

**INVOICE**

21812

**DATE**

11/1/21



**PATIENT**

Winnie Lynch

Without more information on the ECG evaluation, it is difficult to correlate these findings. A lack of significant structural disease may suggest a non-cardiac cause for any abnormalities.

**SPECIES**

Canine

No cardiac medications are indicated at this time.

**BREED**

Bichon Mix

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

**SEX**

Female Spayed

**PLAN**  
Baseline BP recommended.

**AGE**

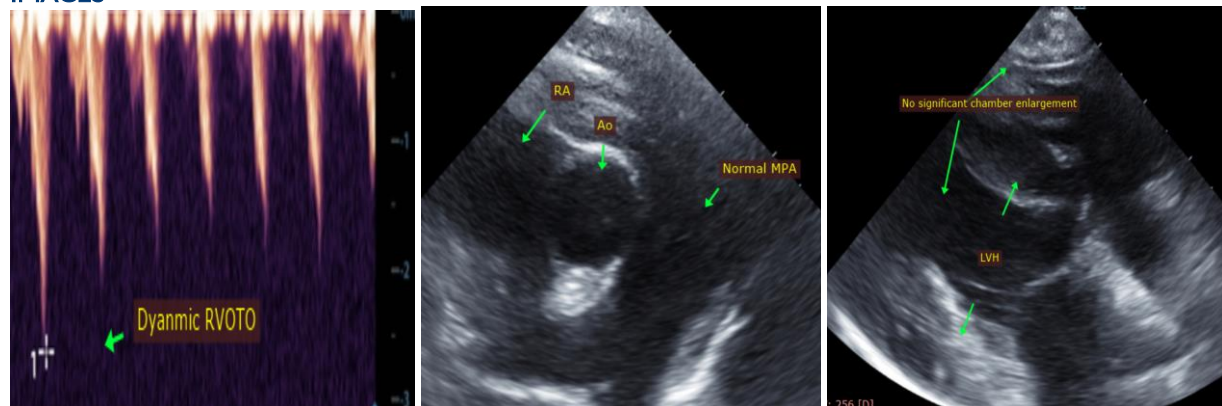
11 years

Recommend a recheck echocardiogram in 12 months to reassess LV dimensions, sooner if any development of clinical signs.

**WEIGHT**

11lbs

**IMAGES**



**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

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.

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

Headon Forest  
Animal Hospital

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.

**REFERRING VET**

Dr. Wallace

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
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