



PATIENT

Logan Columbo

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

14y

WEIGHT

10.6kgs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Andrea DiNicastro,
DVM

HOSPITAL NAME

BP Summerville

REFERRING VET

Dr. Harris

INVOICE

27408

DATE

11/10/22

PRESENTING CLINICAL SIGNS

History: PAH screen. Regurgitation/vomiting. Acute labored breathing, bilateral green nasal discharge, mildly increased lung sounds, alveolar pulmonary pattern in the right middle lung lobe and left caudal lung lobe - most consistent with aspiration pneumonia. Has been in O2; stabilized on room air today.

Leukopenia, neutropenia Hypoglycemia Anorexia No murmur

Abnormal PE/Chem/CBC/UA Results: MONO * 1.43 PLT * 110 MPV 15.8 BP unremarkable

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild MV thickening with no prolapse into the left atrial lumen. Trace mitral regurgitation with no left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trace/mild tricuspid regurgitation. Normal TR velocity from multiple views. 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. Trace aortic and 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	5.4	2.6	NM	1.3	44	80	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	1.25	0.9	10	1.6	2.7	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 <i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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				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)
				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 leaks are noted in all 4 valves which may suggest early valve disease or may simply be physiologic. Follow up is advised if a murmur is noted in the future. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension. A baseline BP is recommended in any animal with aortic insufficiency.



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Given these findings, PAH is considered unlikely in this case. That being said, patients with chronic respiratory disease can develop PAH over time, and monitoring for associated symptoms is recommended (exertional dyspnea or collapse).

SPECIES

Canine

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

BREED

Terrier Mix

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.

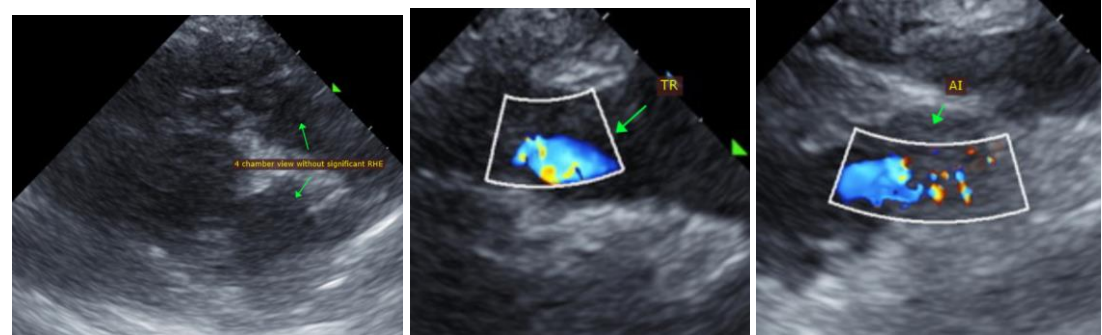
SEX

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IMAGES

AGE

14y



WEIGHT

10.6kgs

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. 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

Andrea DiNicastro, DVM

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