

PATIENT

Marco Stout

SPECIES

Canine

BREED

Basenji

SEX

Male Neutered

AGE

12 years

WEIGHT

24lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Yvonna Aranda

HOSPITAL NAME

VCA McKenzie Animal Hospital

REFERRING VET

Dr. Fricke

INVOICE

45748

DATE

/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. Heart murmur. BP: 96, 98, 99mmHg.
-Current medications: Pimobendan 2.5mg q12h, Standard Process K9 Cardiac Support - 1/4 tsp q12h, Taurine 500mg q12h, Frontline Plus PRN, Apoquel 5.4mg q12-24h.
-Pertinent previous echo findings (6/2024 MML): CVD B1. Mild MR, mild LAE, mild LVE with moderate dysfunction. LV: 3.4/2.8, FS: 20%, LA: 2.2.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 140bpm with periods of sinus tachycardia. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with periods of sinus tachycardia.

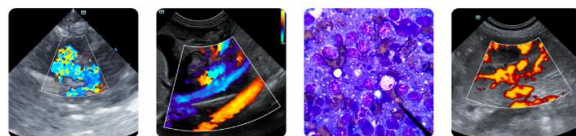
ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of mitral valve leaflets (anterior>posterior) with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Borderline LV in diastole with a mildly increased systolic dimension (LVIDdN: 1.68, LVIDsN: 1.21) with mild LV dysfunction. The tricuspid valve appears mildly thickened with no tricuspid regurgitation. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No 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	5.0	NA	1.5	1.5	24	40	0.6
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	1.0	10.9	2.3	3.3	2.5
*Normal chamber parameters expressed as a mean value				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)
				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)

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



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Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995	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)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, findings are similar with a slight improvement in LV dimensions and function. Mild MR is unchanged and the LA remains only mildly enlarged. No additional issues are seen. The ECG is unremarkable with a normal sinus rhythm.

Given slight improvement seen here, continue Pimobendan and Taurine as prescribed. No additional medications are warranted. Continue assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B1/B2).

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

The reported blood pressures are low, which are unexpected in an asymptomatic dog in hospital. Reassessment is recommended.

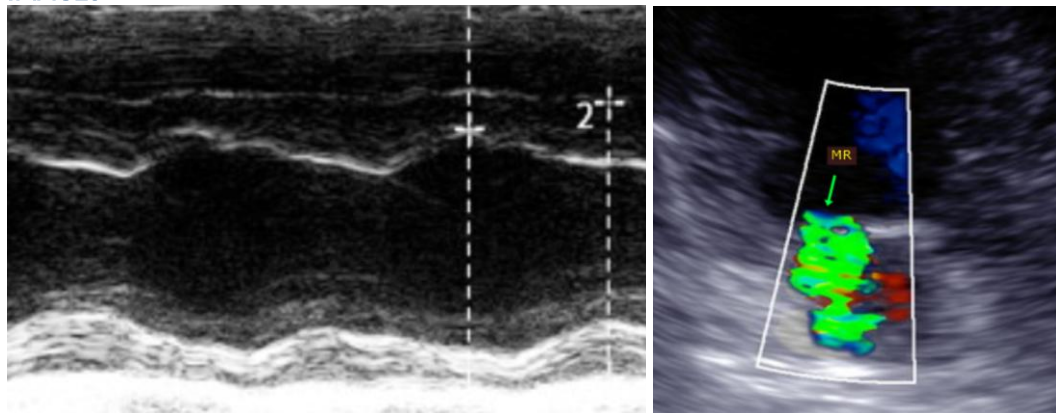
Anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated. Avoid alpha-2 agonist lifelong.

PLAN

Reassess BP as discussed. Continue Pimobendan 0.3mg/kg PO q12h. Continue Taurine as prescribed.

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES





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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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com