



PATIENT	PRESENTING CLINICAL SIGNS
Buster Hendricks	History: Recheck echo. Chronic grade IV/VI systolic heart murmur. -Current medications: Benazepril 2 mg, pimobendan 1 mg, spironolactone 4 mg Q 12 hours, and hydrocodone 1.25 mg Q8-12 hours prn to control cough.
SPECIES	-CBC, chemistry on 10/13/21 were normal.
Canine	-Blood pressure today was 169/95, 167/96, 158/112mmHg. -Pertinent previous echo findings (5/11/21 MML): Severe MR, severe LAE, mild LVE, trace TR.
BREED	ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.
Maltese Mix	A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 100bpm (range 75-125bpm). 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. ECG diagnosis: Normal sinus rhythm with respiratory variation.
SEX	ECHOCARDIOGRAM FINDINGS
Male Neutered	2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened (anterior>>posterior leaflet) with prolapse into the left atrial lumen. There is severe eccentric mitral regurgitation present. The MR velocity is normal. There is severe left atrial enlargement. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. No AI. The main pulmonary artery is normal in diameter. The pulmonic valve is normal in appearance. Normal right atrium. Normal right ventricle. Mild thickening of the tricuspid valve. Trace TR. No overt evidence of pulmonary hypertension. No pericardial/pleural effusion or cardiac masses are seen.
AGE	CARDIAC CHART
11.5 years	
WEIGHT	
9.5lbs	
INTERPRETED BY	
Maggie Machen Lamy, DVM, DACVIM (Cardiology)	
IMAGING PERFORMED BY	
Jennifer Todd, DVM	
HOSPITAL NAME	
Lambs Gap Animal Hospital	
REFERRING VET	
Dr. Todd	
INVOICE	
22045	
DATE	
11/16/21	

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	NM	1.7	2.2	58	96	0.13
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	2.0	1.0	4.3	2.5	2.9	1.2
*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



PATIENT

Buster Hendricks

SPECIES

Canine

BREED

Maltese Mix

SEX

Male Neutered

AGE

11.5 years

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unchanged structural disease persists in this study. While significantly dilated, the left heart dimensions appear largely stable. No development of concurrent issues such as pulmonary hypertension are identified. The ECG remains normal with a normal sinus rhythm.

Given these findings, no additional medications are indicated.

While stability over serial exams is certainly a good sign, the patient will always be at risk for progression to recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home. Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit.

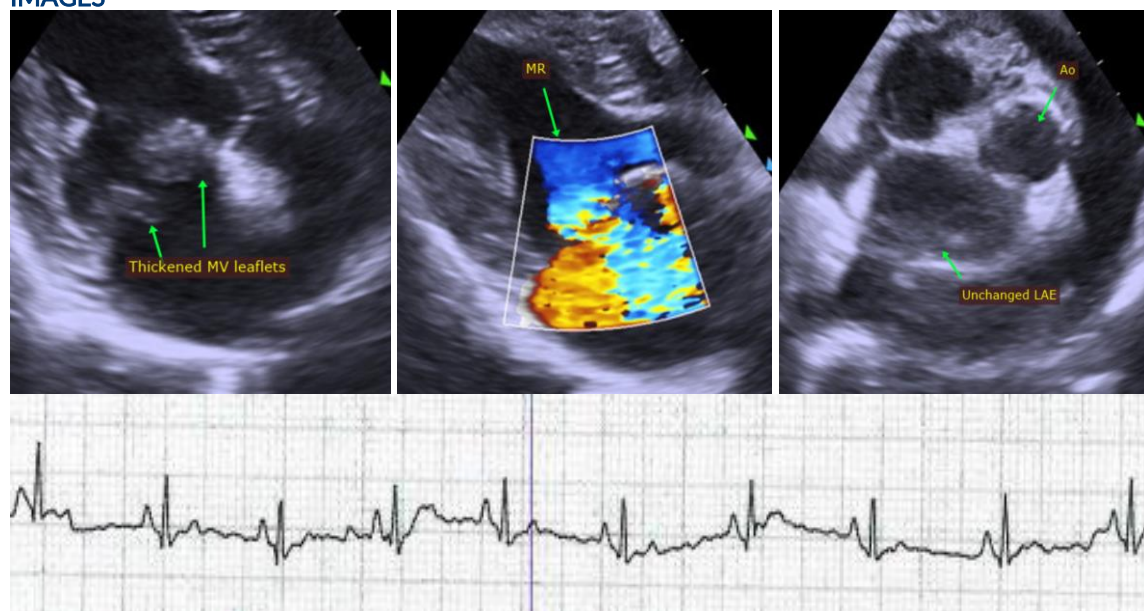
Elective anesthesia is not advised.

PLAN

Continue all medications are prescribed.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

IMAGES





PATIENT

Buster Hendricks

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

Maltese Mix

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

SEX

Male Neutered

AGE

11.5 years

WEIGHT

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