



PATIENT

Elijah Brook

SPECIES

Canine

BREED

Dachshund

SEX

Male Neutered

PRESENTING CLINICAL SIGNS

History: Presented for recent "slowing down". On physical exam, has a grade 3/6 heart murmur PMI left heart base. Systemic blood pressure is normal. ECG revealed respiratory sinus arrhythmia. Mild NNN anemia (Hct 30.3%). Thoracic radiographs revealed dorsal elevation of the trachea, subjectively enlarged right atrium and diffuse bronchial pattern.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, & color doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with no left atrial dilation. Decreased LV diameter with adequate myocardial function. The tricuspid valve appears normal. 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. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

AGE

15 years

WEIGHT

14.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Eileen Jenkins, DVM

HOSPITAL NAME

Huntsville Veterinary
Specialists &
Emergency

REFERRING VET

Dr. Jenkins

INVOICE

27568

DATE

11/18/22

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	NM	NM	1.3	36	70	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	NM	NM	6.5	2.0	2.2	1.4
*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

Chronic degenerative valve disease causing mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. A small tricuspid leak is suspected; however, the valve is not thoroughly assessed. Consider referral to a local Cardiologist for advanced imaging. Finally, the LV chamber is decreased in dimension, which is likely secondary to anemia. No additional issues are seen.

In a dog with no significant left atrial enlargement, no cardiac medications are clearly indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Omega fatty acid supplementation and mild salt restriction may be of



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some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

BREED

Dachshund

Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

SEX

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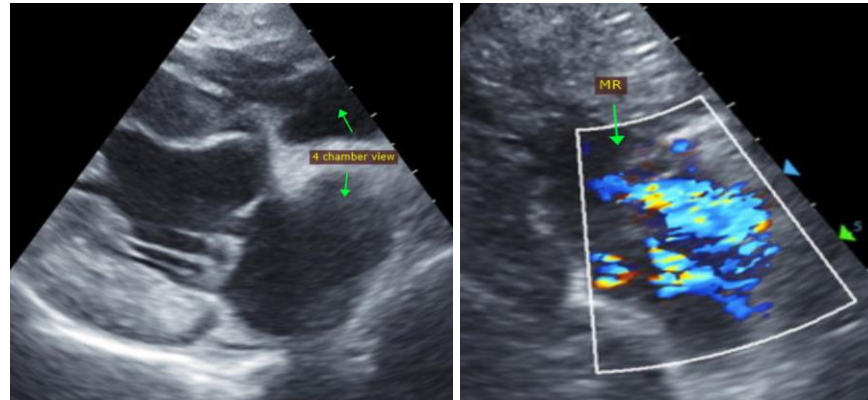
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IMAGES



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(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

Eileen Jenkins, DVM

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.

HOSPITAL NAME

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