


PATIENT

Tatanka Ronalds

PRESENTING CLINICAL SIGNS

History: Grade 1-2 heart murmur. uroliths UTI. Intermittent lameness LH. Assess prior to anesthesia. BP 130/62mmHg.

-Current medications: Clavaseptin, Gabapentin, Meloxicam.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with no left atrial dilation. Normal LV diameter with 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 aortic valve appears largely normal; however, an abnormal projection is seen suspicious for a quadra-leaflet morphology. No insufficiency or stenosis is appreciated. The pulmonic valves is normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

BREED

Bull Mastiff

SEX

Male Neutered

AGE

4.5 years

CARDIAC CHART
WEIGHT

123lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

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	NA	1.1	1.2	48	80	0.5
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	140	2.2	1.2	55.8	3.1	5.3	2.7
*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)

HOSPITAL NAME

Haldimand Animal Hospital

REFERRING VET

Dr. Rode

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

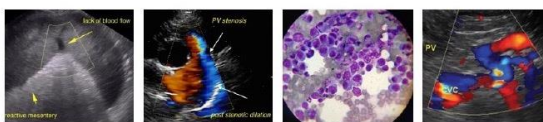
Chronic degenerative valve disease causing mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. The aortic valve is abnormal with what is suspected to be an extra leaflet. There is no obvious stenosis or insufficiency appreciated, making this likely hemodynamically insignificant. No additional issues are noted in this study.

INVOICE

27263

DATE

11/3/22



PATIENT

Tatanka Ronalds

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

SPECIES

Canine

BREED

Bull Mastiff

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. ***Consider prophylactic antibiotic therapy prior to any dental or orthopedic procedure due to abnormal AoV.**

SEX

Male Neutered

AGE

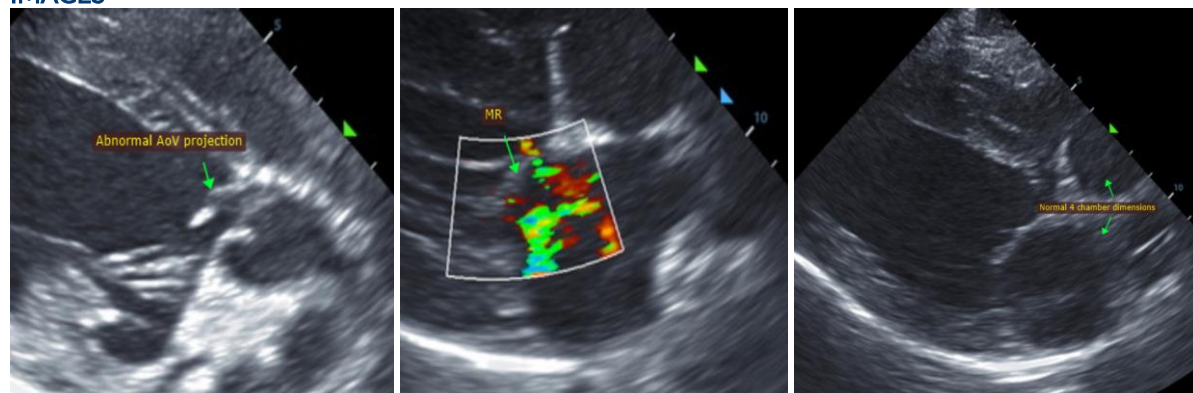
4.5 years

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

WEIGHT

123lbs

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

Crystal Hill, RVT

HOSPITAL NAME

Haldimand 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. Rode

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

INVOICE

27263

DATE

11/3/22