



**PATIENT**

Louie Hoepfner

**SPECIES**

Canine

**BREED**

Standard Poodle Mix

**SEX**

Female Spayed

**AGE**

6 years

**WEIGHT**

53.7lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Miller

**INVOICE**

27316

**DATE**

11/7/22

**PRESENTING CLINICAL SIGNS**

History: History of hard time breathing (increased efforts) and fainted briefly while playing ball. Started on Enacard and Lasix after the ER clinic ran only chem 17 (normal) and took radiographs and found fluid cranial caudal to heart). Became worse while on these medications. Seen again, stopped medications and started on Prednisone and antibiotics. He is now improving. Irregular heart rate and pulse.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Trivial mitral regurgitation with no left atrial dilation. Normal LV diameter with mildly depressed myocardial function. The tricuspid valve appears normal with Trivial tricuspid regurgitation. 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. No obvious 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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	4.5	2.5	NM	1.1	25	48	0.7
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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	86	1.3	1.1	24.4	2.5	4.4	3.3
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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**

Overtly normal cardiac dimensions and function The LV function is mildly depressed, which may be a normal variant in a large breed dog. Consider ruling out contributing factors, such as an atypical diet or hypothyroidism. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension.

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No cardiac medications are indicated at this time as the **respiratory issues appears non-cardiac in origin**. Continued work up for infectious/inflammatory respiratory causes is recommended. Options include Baytril or similar antibiotic, anti-inflammatory prednisone, aggressive hydrocodone, etc. If refractory, may consider TTW/BAL for further information.

**SPECIES**

Canine

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

**BREED**

Standard Poodle Mix

**PLAN**

No indication for cardiac medications. Further respiratory evaluation if indicated. Consider diet/thyroid status as discussed.

**SEX**

Female Spayed

Chronic respiratory issues can lead to pulmonary hypertension if poorly controlled and a recheck echocardiogram is recommended 1 year, sooner should any exertional syncope/dyspnea occur, or a murmur be noted in the future.

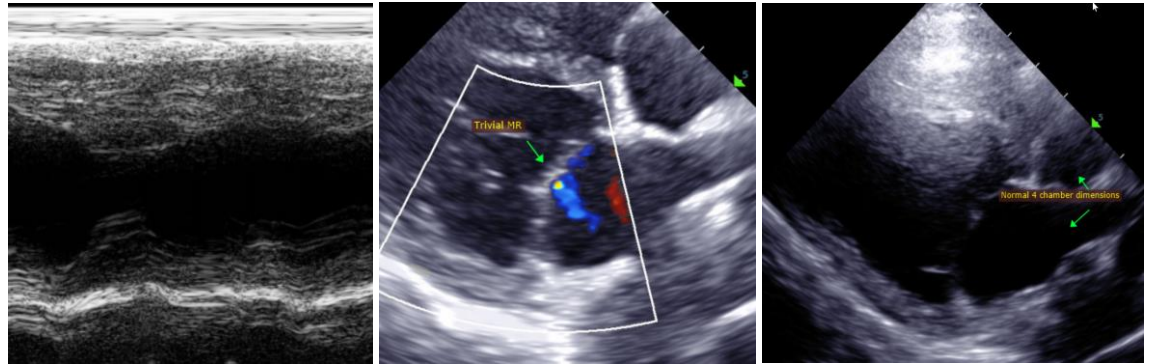
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**IMAGES**



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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.**

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Kim Liedberg

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.

**HOSPITAL NAME**

SVS Imaging WI

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