



PATIENT

Mylo Chantrell

PRESENTING CLINICAL SIGNS

History: Recent syncopal events. Otherwise, unremarkable. No murmur auscultated. No rhythm abnormalities or pulse deficits notes. Bloodwork normal.

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 dilatation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Normal velocity. 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. Hyperechoic lesion noted in the distal right branch of the pulmonary artery; rule out heartworm versus artifact. No pericardial or pleural effusion noted. No obvious cardiac masses.

BREED

Standard Poodle Mix

SEX

Male Neutered

AGE

6 years

CARDIAC CHART

WEIGHT

46.1lbs

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	2.3	NM	1.2	36	68	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	1.4	1.2	20.9	2.5	2.7	1.7
*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)

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Alastair Westcott, DVM

HOSPITAL NAME

Alastair Westcott, DVM

REFERRING VET

Dr. Westcott

INVOICE

22288

DATE

12/6/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing mild mitral and mild tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study. A suspicious hyperechoic lesion is noted in the distal right pulmonary artery which is suspected to be artifactual; however, an adult HW is not ruled out. If the patient has not recently had a heartworm antigen test, this is strongly recommended as a negative result would dramatically decrease suspicion. Follow up is advised pending these results.



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No obvious cardiac contribution to the episodes is seen in this study, and other possibilities should be considered. Further historical information may help differentiate syncope from seizures (length, situational component, etc.). Further evaluation is advised, including an extended ECG/holter, BP, neurologic consultation, etc.

SPECIES

Canine

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.

BREED

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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.

AGE

6 years

PLAN

Heartworm screening test and further evaluation of the episodes as discussed.

WEIGHT

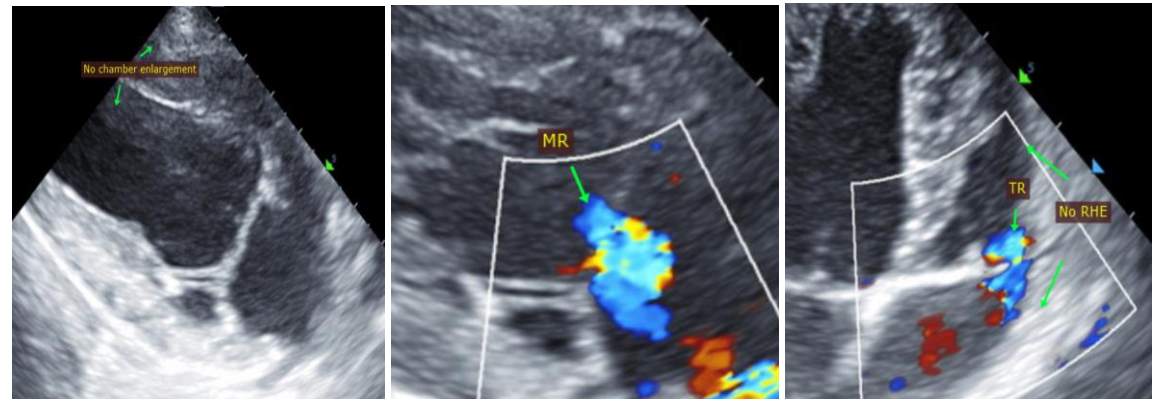
46.1lbs

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

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGES



IMAGING PERFORMED BY

Alastair Westcott,
DVM

HOSPITAL NAME

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DVM

REFERRING VET

Dr. Westcott

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.

INVOICE

22288

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.

DATE

12/6/21

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