



PATIENT

Hugo Preston

SPECIES

Canine

BREED

English Bulldog

SEX

Male

AGE

3 years

WEIGHT

55.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Westcott, DVM

HOSPITAL NAME

Alastair Westcott,
DVM

REFERRING VET

Dr. Westcott

INVOICE

28721

DATE

2/1/23

PRESENTING CLINICAL SIGNS

History: Was diagnosed a month ago with marked pyuria. No organisms were identified at that point. However placed on dual antibiotic treatment with enrofloxacin and potentiated amoxicillin.

Recommendation was to neuter given the fact that there was significant prostatic hyperplasia. Was examined a week ago and found to have a cardiac arrhythmia clarified as sinus arrhythmia with supraventricular, ectopic beats indicating potential cardiac disease or, in some cases metabolic disease. A cardiac work-up was recommended prior to neuter.

-ECG report: There is sinus arrhythmia and supraventricular ectopic beats. The sinus arrhythmia is associated with high vagal tone.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. No obvious mitral regurgitation with a normal left atrial dimension. 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 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)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NA	NA	1.4	1.3	49	82	0.35
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	1.3	0.7	25.0	2.5	2.5	1.3
*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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension.



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No structural cause of APCs is identified. These are suspected to be secondary to an active infection, based upon the history. Follow up is advised as dictated by the ECG report should the abnormal beats persists despite therapy.

SPECIES

Canine

From a structural standpoint, there is no cardiac contraindication for general anesthesia; however, the arrhythmia must be considered as dictated by the ECG report.

BREED

English Bulldog

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

SEX

Male

A recheck echocardiogram is recommended should a significant murmur develop or signs of cardiac compromise be noted in the future.

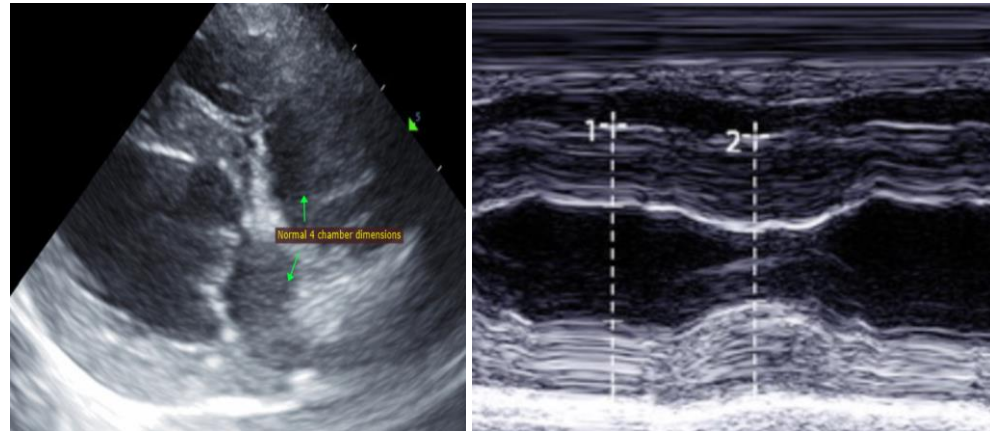
AGE

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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.

IMAGING PERFORMED BY

A. Westcott, 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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