



PATIENT

Roman Sprengel

SPECIES

Canine

BREED

Rottweiler

SEX

Male Intact

AGE

4 years

WEIGHT

116lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
 RDMS

HOSPITAL NAME

Rhode Island Animal
 Medical Center

REFERRING VET

Dr. Sabbadini

INVOICE

22537

DATE

2/13/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mild tricuspid valve dysplasia. Currently doing well but losing weight. On Purina EN diet. Sedated with gabapentin, trazadone, Dexdomitor, torbugisic.
 -Pertinent previous echo findings (7/5/19 (Mandi Kleman, DVM, DACVIM): LA 2.77 cm; LA:Ao 1.12; LV 4.17 cm; normal RV/RA size; apical displacement of TV with mild TR. Occasional single VPCs.
 -Abnormal PE/Chem/CBC/UA Results: Magnesium 1.4 (L); creat 1.6; SDMA 16 (H); ALB 2.9; TLI >50 (H); UA - pH 7.5; protein 1+ (H); struvite cry 1-20.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with mild LV dysfunction. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is normal. Trace mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: No RA dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened with apical displacement. Mild tricuspid regurgitation; normal velocity.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 60bpm.

2-Dimensional Measurements

Ao diam (cm)	3.2
LA diam (cm)	3.2
LA:Ao (Swe)	1.0
IVS thickness (cm)	1.2
LVID diastole (cm)	4.7
PW thickness (cm)	1.2
LVID systole (cm)	3.6
FS (%)	23

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.3
TR PG (mmHg)	20

INTERPRETATION OF THE FINDINGS

Mild TV dysplasia persists with essentially normal cardiac dimension/function. The degree of TR is mild and the right heart unremarkable. Small leaks are noted in all 4 valves in addition to mild LV dysfunction, these findings are likely secondary to sedation with Dexdomitor; however, early pathology cannot be ruled out. No additional issues are identified.

What is seen here is considered subclinical disease that is unlikely to progress or cause significant issues lifelong. Periodic monitoring is advised to screen for development of concurrent disease. Ideally, avoid use of alpha2 agonist for recheck studies as this will affect results.



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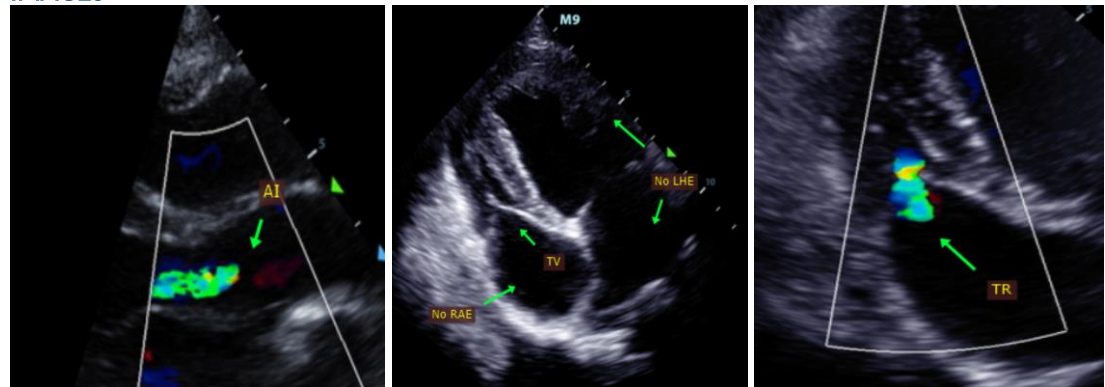
RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram every 12-18 months going forward, sooner if the murmur changes in intensity, or any clinical signs arise.

IMAGES



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.

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.

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