



PATIENT
Emma Hewitt

SPECIES
Canine

BREED
Pitbull

SEX
Female Spayed

AGE
14.2 years

WEIGHT
48.2lbs

INTERPRETED BY
Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

PRESENTING CLINICAL SIGNS

History: Mass bleeding inguinal area- Needs surgical removal. Echo/ECG pre anesthetic work up. No medications. Asymptomatic for heart disease.
-Abnormal PE/Chem/CBC/UA Results: ALP 164, GLU 112, GLOB 2.1, WBC 5.75, LYM 0.73, MCHC 30.4.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Normal cardiac silhouette. No obvious evidence of CHF. Soft tissue lesion noted overlying the cardiac apex. Difficult to visualize on the VD-view (rotated).

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 10mm/mV. The average heart rate is 90bpm (range 46-115bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Sinus bradycardia with respiratory variation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Trace mitral regurgitation with a normal left atrial dimension. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trace 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. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

IMAGING PERFORMED BY
Loetitia St-Jacques,
LVT/RVT

HOSPITAL NAME
Truckee Meadows
Veterinary Hospital

REFERRING VET
Dr. Rachel

INVOICE
29162

DATE
2/21/23

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	4.5	2.1	NM	1.2	51	83	0.63
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	55	1.5	1.0	21.9	2.6	4.2	2.0
*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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435



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Hansson et al, Vet Rad and Ultrasound 2002	35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995	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)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. Trace MR and TR are noted and may reflect early valve disease. Monitoring for progression is recommended. No additional cardiac issues are identified.

BREED

Pitbull

The chest radiographs do show suspicion for a soft tissue mass lesion in the caudal thoracic. This is also confirmed on thoracic ultrasound. Follow up is recommended, including 3-view chest radiographs with Radiologist review and potentially a fine needle aspirate.

SEX

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The ECG is most consistent with a respiratory sinus arrhythmia. Assuming the patient was not sedated, this likely secondary to high vagal tone. Recommend pre-medicate with a vagolytic and ensure a normal response prior to proceeding with anesthesia. Otherwise, there is no cardiac contraindication for general anesthesia.

AGE

14.2 years

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

WEIGHT

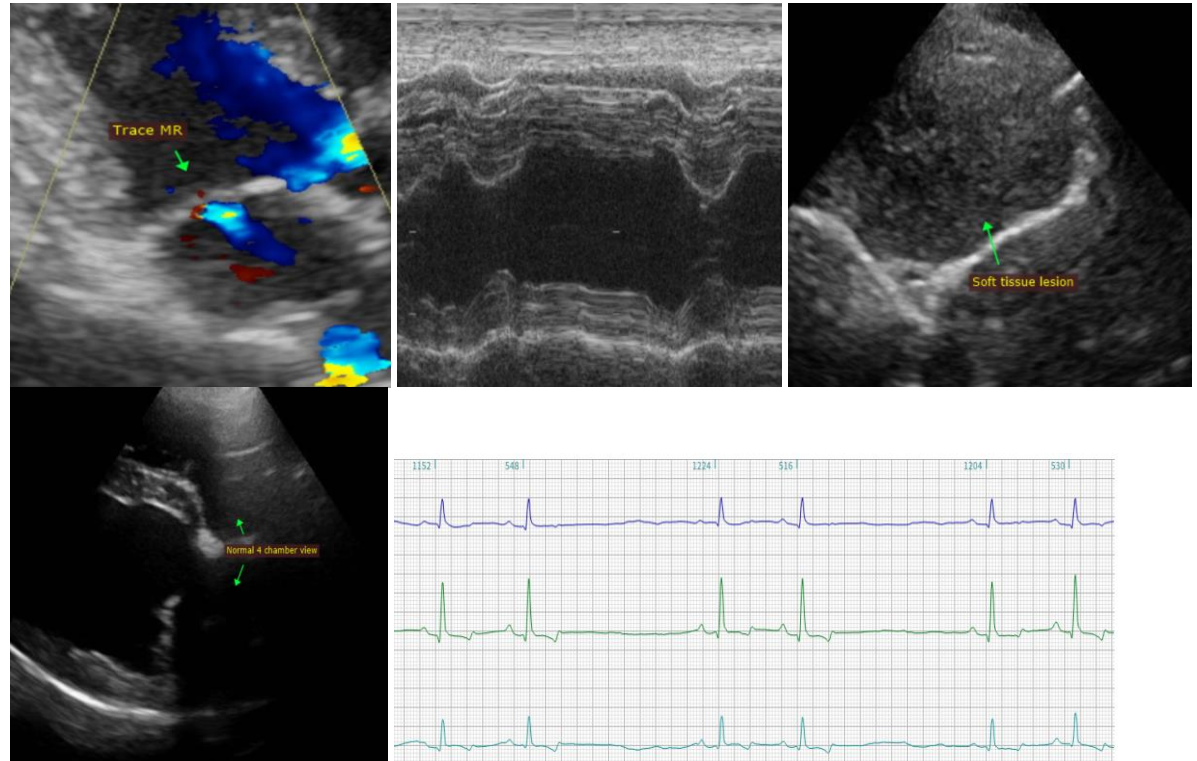
48.2lbs

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

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IMAGES



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Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY

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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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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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Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

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