



PATIENT PRESENTING CLINICAL SIGNS

Boss Schneider

History: 2 episodes of collapse.

SPECIES ECHOCARDIOGRAM FINDINGS

Canine

BREED

Bulldog

SEX

Male Neutered

AGE

13 years

WEIGHT

55lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING

PERFORMED BY

Karen Ebersole,
DVM, DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Goodman

INVOICE

29250

DATE

2/27/23

ECHOCARDIOGRAM FINDINGS

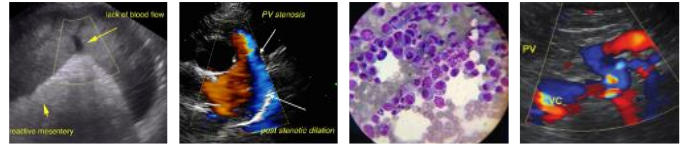
2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trace eccentric mitral regurgitation with no left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function (for this signalment). The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. No significant right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. Mild aortic and no pulmonic insufficiency. No pericardial or pleural effusion noted. Atypical soft tissue is seen adjacent to the pulmonary artery near the level of bifurcation. A mass is suspected, although normal soft tissue cannot be ruled out without further imaging.

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	3.0	NM	1.3	29	50	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	0.7	24.9	3.0	3.5	2.5
*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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild abnormalities are identified in this study. Trace mitral and tricuspid regurgitation may suggest early valve disease. Mild pulmonary hypertension is noted, which should be monitored going forward. An aortic leak may suggest elevated blood pressure and a baseline BP is recommended. Finally, atypical soft tissue is seen near the bifurcation of the pulmonary artery. While normal tissue is possible, a mass should be considered, particularly given the predisposition for heart base tumors. Highly recommend 3-view chest radiographs with a Radiologist review. Pending results, advanced thoracic imaging may be warranted, such as a CT scan.



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These findings do not clearly explain collapse episodes with adequate cardiac output and only mild pulmonary hypertension. That being said, elevated blood pressure can lead to nonspecific symptoms and may or may not be related. Additionally, a possible soft tissue mass may have some relevance if confirmed. Pending results of further evaluation, an extended tracing ECG and/or holter monitor and further systemic evaluation may be warranted.

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 (B1). 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.

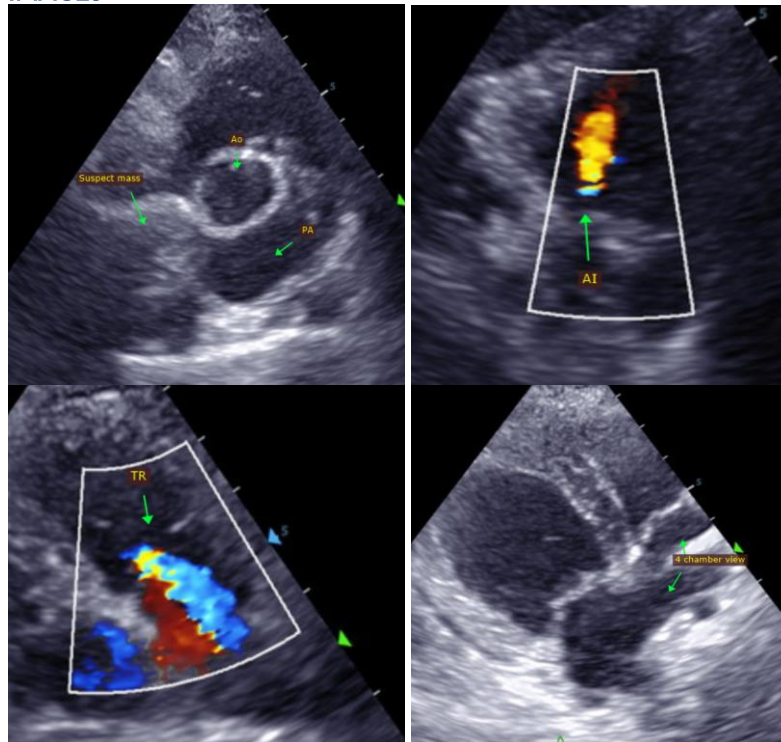
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively 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.

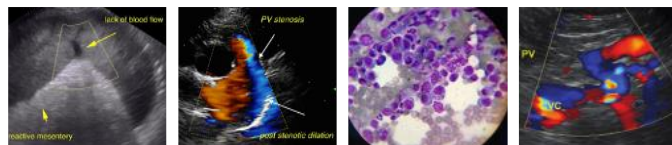
PLAN

Baseline BP is recommended. Consider 3-view radiographs with a Radiologist review +/- a thoracic CT scan pending results. Consider a holter monitor, extended ECG, etc.

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

IMAGES





PATIENT

Boss Schneider

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.

SPECIES

Canine

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.

BREED

Bulldog

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info@sonopath.com

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