



PATIENT

Kai Bryant

SPECIES

Canine

BREED

Blue Heeler Mix

SEX

Male Neutered

AGE

8 months

WEIGHT

51lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Pets and Vets Animal
Hospital

REFERRING VET

Dr. Jarrett

INVOICE

28817

DATE

2/7/23

PRESENTING CLINICAL SIGNS

History: Heartworm positive for microfilaria.

-Current medications: Doxycycline and prednisone.

Abnormal PE/Chem/CBC/UA Results (01/31/23) CBC: RETIC-HGB 24.4 and LYM 4966. CHEM: PHOS 7.2 and Creatine Kinase 261.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild mitral valve thickening with no obvious prolapse into the left atrial lumen. No mitral regurgitation. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function. No TR. Mild prominence of right atrium and ventricle; however, no significant enlargement appreciated. The pulmonic and aortic valves are normal in morphology and mobility. Normal LVOT and RVOT velocity. No aortic and trace pulmonic insufficiency. MPA and branches appear normal. No obvious adult worms seen. That being said, the distal PA and branches are not extensively visualized. No pericardial or pleural effusion noted. No obvious cardiac tumors seen.

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	1.3	1.3	54	85	0.3
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	110	2.5	1.4	23.1	2.2	3.8	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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function documented in this study with no obvious significant PAH. There is no significant valvular regurgitation or chamber enlargement noted. The right heart is prominent, which may be indicative of early pulmonary hypertension. This does not however require therapy. The MPA and branches appear normal, and there are no obvious adult worms seen. It is important to understand that the distal pulmonary branches are difficult to visualize and adult worms may have been easily missed. Even with the best visualization,



PATIENT

Kai Bryant

ultrasound is not 100% sensitive for finding adult worms, although in an 8 month old dog this is considered unlikely.

SPECIES

Canine

There is no obvious contraindication for Immiticide therapy with a presumably low adult worm burden based upon what is seen here. Confirming the diagnosis followed by the split immiticide protocol is recommended as dictated by the American Heartworm Society (www.heartwormsociety.org), including 30 days of doxycycline and monthly Ivermectin. Strict cage rest required at least until 4-6 weeks following the final treatment.

BREED

Blue Heeler Mix

The cough should be treated symptomatically utilizing anti-inflammatory steroids, hydrocodone, etc.

SEX

Male Neutered

If treatment is successful, good chance for no long-term issues associated with HW disease (cough, pulmonary hypertension, pulmonary damage, etc.) given a normal cardiac structure and lack of clinical signs.

AGE

8 months

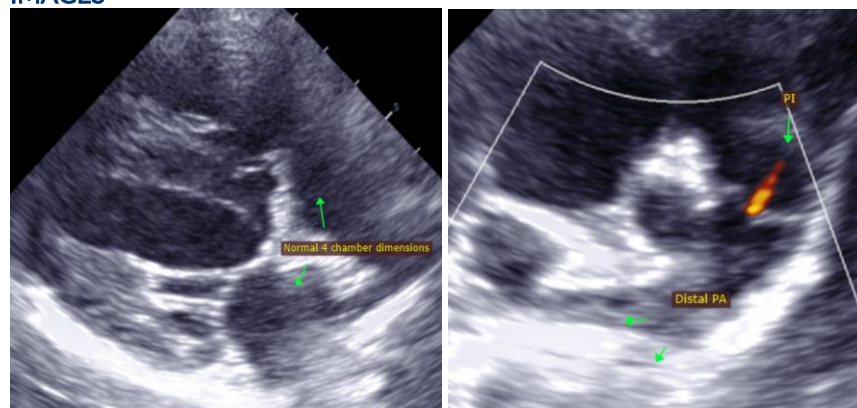
Follow up echocardiography is only necessary if clinical signs of cardiac disease develop (murmur, cough, fainting, etc.).

WEIGHT

51lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)



IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

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.

HOSPITAL NAME

Pets and Vets Animal
Hospital

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.

REFERRING VET

Dr. Jarrett

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

INVOICE

28817

DATE

2/7/23