



**PATIENT**

Mango Shelobolina

**SPECIES**

Canine

**BREED**

Pug Mix

**SEX**

Female Spayed

**AGE**

8.8 years

**WEIGHT**

27.3lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Dr. Wolf

**INVOICE**

28848

**DATE**

2/7/23

**PRESENTING CLINICAL SIGNS**

History: Presented on 2/4/23 for a 1 week history of a dry non-productive cough. Mainly coughing during the evening, overnight while owners are sleeping. Decreased energy level.  
-Abnormal PE/Chem/CBC/UA Results: BCS: 9 CV: no murmurs or arrhythmias ausculted, pulses strong and synchronous; increased body habitus and panting made clear auscultation difficult but no murmur appreciated Resp: no crackles or wheezes all 4 lung fields, mildly increased respiratory effort; owner reports a dry, cough - heard in the room but not inducible - not concerned for infectious origin Thoracic radiographs- Suspicious of enlarged heart. Unsure if enlarged chamber or mass. V/d displays abnormal cardiac shadow on right.

**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 mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no obvious 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. Trivial aortic and no 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	NM	1.3	41	73	0.4
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	84	1.5	1.1	12.4	1.6	3.4	2.0
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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 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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svsmobileimaging.com 309-737-3070

**PATIENT**

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These findings would suggest the radiographic appearance is a normal variant. These films should be used as a baseline for future comparison.

**SPECIES**

Canine

No cardiac medications are indicated at this time as the cough appears non-cardiac in origin. Continued work up for infectious/inflammatory respiratory causes is recommended. Options include Baytril or similar antibiotic, anti-inflammatory prednisone, aggressive hydrocodone, etc. If refractory, may consider TTW/BAL for further information.

**BREED**

Pug Mix

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

**SEX**

Female Spayed

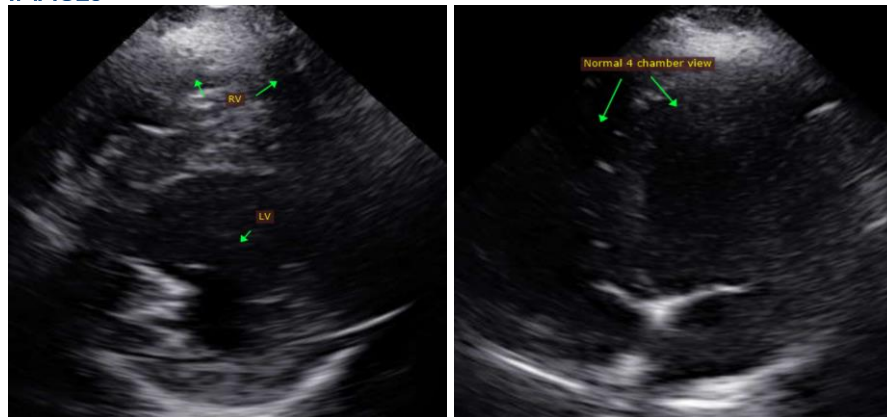
Chronic respiratory issues can lead to pulmonary hypertension if poorly controlled and a recheck echocardiogram is recommended should any exertional syncope/dyspnea occur, or a murmur be noted in the future.

**IMAGES****AGE**

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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**

Tom McNeill

Thank you for this referral. 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**

SVS Imaging CT

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