



PATIENT

Maggie West

PRESENTING CLINICAL SIGNS

History: Grade 3/6 murmur.
-Current Medications: TemarilP.

SPECIES

Canine

BREED

BF Mix

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available from an AliveCor monitor; 50mm/s, 20mm/mV. The average heart rate is 150bpm (range 120-200bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P QRS morphology is positive with normal dimension. The QRS is inverted. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation.

SEX

Female Spayed

AGE

11 years

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Mild to moderate eccentric mitral regurgitation with no left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function.

The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. Normal right atrial and ventricular diameter and morphology. 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.

WEIGHT

21.6#

CARDIAC CHART

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

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	5.6	3.2	NM	1.2	35	66	0.15
CANINE CARDIAC PARAMETERS	HR (BP M)	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	13	1.5	1.0	9.8	1.5	3.4	2.2
*Normal chamber parameters expressed as a mean value				3	1.27	2.46	1.36
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40	2.74	1.60
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				10	1.50	3.27	2.06
				15	1.83	3.71	2.43
				20	2.02	4.14	2.80
				25	2.18	4.48	3.10
				30	2.33	4.83	3.39
				35	2.48	5.17	3.69
				40	2.62	5.48	3.96
				50	2.88	6.07	4.46

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

New Britain VC

REFERRING VET

Dr. Bandekar

INVOICE

22458

DATE

2.9.2022



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

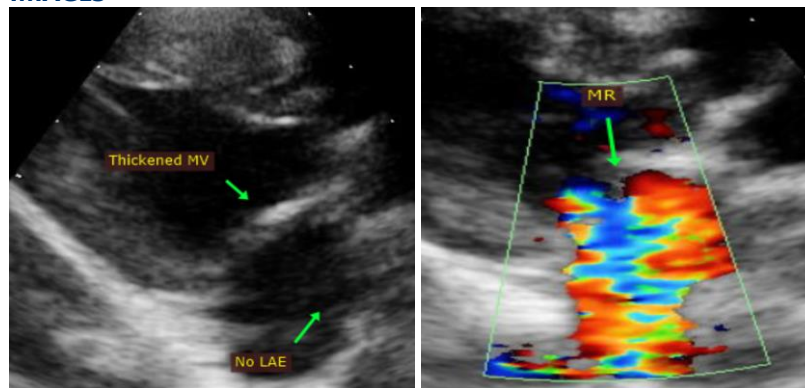
Chronic degenerative valve disease causing mild to moderate mitral and mild tricuspid regurgitation. Lack of left atrial enlargement indicates the current risk for complication is low. Early pulmonary hypertension is noted which should be monitored going forward. No additional issues are identified and the ECG was unremarkable.

In an asymptomatic dog with no significant left atrial enlargement, no cardiac medications are clearly indicated. 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. 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.

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

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. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
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