



## PATIENT

Suzy Nesbitt

## PRESENTING CLINICAL SIGNS

History: Weight loss, suffering from gastric reflux, increased harsh cough that is worsening. Started on Furosemide, Fortekor, Gabapentin and Sucralfate. No real improvement.  
-Radiographs: Suggestive of enlarged heart and concern for splenic mass.

## SPECIES

Canine

## 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/mild eccentric mitral regurgitation with no left atrial dilation. 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.

## BREED

Bichon

## SEX

Female Spayed

## AGE

13 years

## CARDIAC CHART

## WEIGHT

25.4lbs

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	5.2	2.5	1.1	1.0	44	77	0.27
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	1.5	1.0	11.5	1.6	2.3	1.3
*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)

## INTERPRETED BY

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Crystal Hill, RVT

## HOSPITAL NAME

Lynden Animal Clinic

## REFERRING VET

Dr. Babcock

## INVOICE

28907

## DATE

2/9/23

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing mild mitral and trace tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study.

Given these findings, the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. **Lasix/ACEI can be safely discontinued.** Consider further



**PATIENT**

Suzy Nesbitt

respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc). Chronic respiratory disease can lead to development of PAH over time, and monitoring for signs of significantly elevated pulmonary pressures is recommended (exertional dyspnea or syncope).

**SPECIES**

Canine

In a dog with no significant left atrial enlargement, 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. 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.

**BREED**

Bichon

**SEX**

Female Spayed

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.

**AGE**

13 years

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

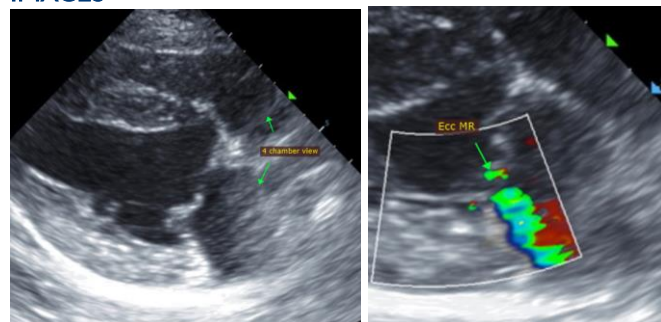
**WEIGHT**

25.4lbs

**IMAGES**

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)



**IMAGING PERFORMED BY**

Crystal Hill, RVT

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**

Lynden Animal Clinic

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. Babcock

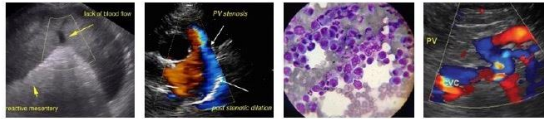
Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

**INVOICE**

28907

**DATE**

2/9/23



**PATIENT**

Suzy Nesbitt

**SPECIES**

Canine

**BREED**

Bichon

**SEX**

Female Spayed

**AGE**

13 years

**WEIGHT**

25.4lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING  
PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

Lynden Animal Clinic

**REFERRING VET**

Dr. Babcock

**INVOICE**

28907

**DATE**

2/9/23