

PATIENT

Kara Hutchinson

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female Spayed

AGE

12 years

WEIGHT

54.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Kind Care Animal
Hospital

REFERRING VET

Dr. Marino

INVOICE

47198

DATE

3/11/26

PRESENTING CLINICAL SIGNS

History: Grade 4-5/6 systolic murmur. Strong, synchronous pulses. On Firocoxib Chewable – 227. Abnormal PE/Chem/CBC/UA Results: HW neg. CBC/Chem 10: Mildly elevated ALT (131) and ALP (247). BUN is 35 with normal creatinine.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 120bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with respiratory variation.

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. Mild central mitral regurgitation with no left atrial dilation (LA:Ao <1.4). Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened 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 and trace 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	5.8	2.8	NM	1.2	39	75	0.6
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	1.1	24.5	2.4	3.3	2.0
*Normal chamber parameters expressed as a mean value (SD)							
BODY WEIGHT DEPENDENT PARAMETERS							
*Note: All measurements based upon multi-modal images and methods. An average value is reported.							
					1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
					1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
					1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
					1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
					2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
					2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
					2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
					2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
					2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
					2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

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 interpretation, Vet Clin North Am 15:1177, 1995



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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. The ECG is unremarkable with a normal sinus rhythm.

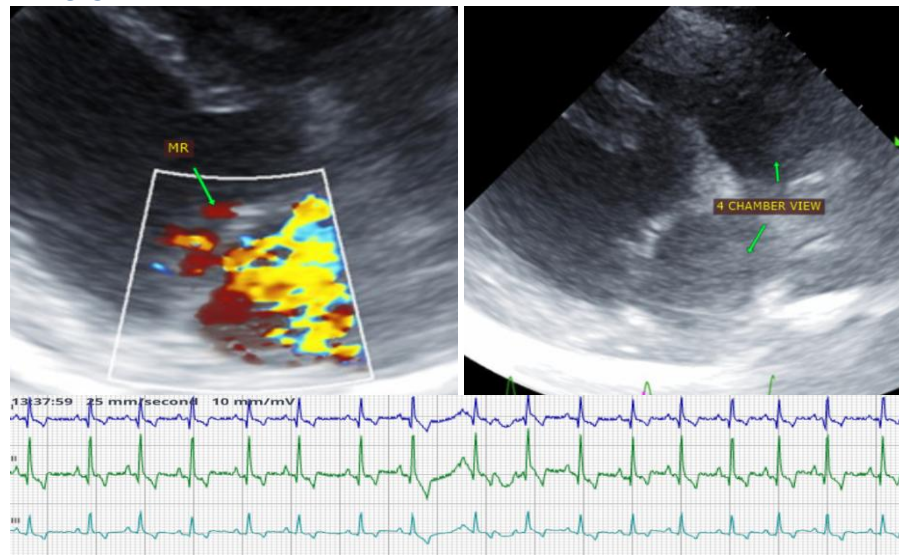
No cardiac medications are clearly indicated, as no benefit has been shown to providing therapy for dogs in stage B1. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

Assessment of progression in the future will help predict long term prognosis, which is highly variable with stage B1 disease. Many B1 dogs will remain asymptomatic with slow progression for years to come.

No cardiac contraindication for general anesthesia prior to chamber enlargement.

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months to assess rate of progression, sooner if any development of clinical signs in the interim.

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. 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.



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