



## PATIENT

Dakota Sweerus

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Male Intact

## AGE

8 months

## WEIGHT

49.5lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Diane McFadden

## HOSPITAL NAME

Blairstown Animal  
Hospital

## REFERRING VET

Dr. Harker

## INVOICE

23097

## DATE

3/15/22

## PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: Furosemide 50mg BID, Benazepril 10mg BID, Pimobendan 5mg BID.

-Pertinent previous echo findings (10/2021 MML): Severe TBD, marked, TR, marked RHE, PFO. TR: 3.4m/s.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Severe anatomic distortion makes extensive visualization difficult, however, the TV leaflets are abnormal with thickening and lack of coaptation in systole. Tethered septal leaflet. Some degree of stenosis is not ruled out. Distorted RV papillary musculature. Marked tricuspid regurgitation with marked right atrial and ventricular dilation distorting normal views. Bowing of the interatrial septum. A PFO is suspected on color flow imaging. The LV diameter is normal with decreased myocardial function. LA dimension is normal. The mitral valve appears normal with no mitral regurgitation. Normal aortic and pulmonic outflow velocities. The pulmonic valve cannot be well defined in this study; however, no obvious stenosis is identified, and outflow is normal. The aortic valve is normal with no aortic insufficiency. No obvious congenital shunts. No pleural or pericardial effusion. Hepatic congestion with ascites. Rapid irregular rate/rhythm throughout.

## 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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	NA	3.5	1.3	1.3	22	40	NM
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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	NM	1.2	1.4	22.4	3.0	3.4	2.7
*Normal chamber parameters expressed as a mean value (SD)							
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>							
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>							
				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
				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

Severe tricuspid valve dysplasia persists similar to the previous study. The right heart enlargement is marked with severe TR. The LV function appears mildly depressed, likely secondary to massive right heart enlargement. No additional structural issues are identified. **The heart rate remains rapid and irregular and if not evaluated as previously recommended, an ECG**



**PATIENT**

Dakota Sweerus

strongly advised. If rapid atrial fibrillation is present, rate control is the only way to stabilize the situation and improve congestion. Ascites is seen on this exam and certainly institution of Spironolactone is recommended as below.

**SPECIES**

Canine

Prognosis remains poor long-term. This patient will always be at high risk for recurrent CHF, malignant arrhythmias and/or sudden death. Our goal is to stabilize the situation for the short-term.

**BREED**

Labrador Retriever

Elective anesthesia is not advised

**SEX**

Male Intact

Monitor closely at home for development of any associated clinical signs, including abdominal distention, labored breathing, and/or collapse episodes or lethargy.

**AGE**

8 months

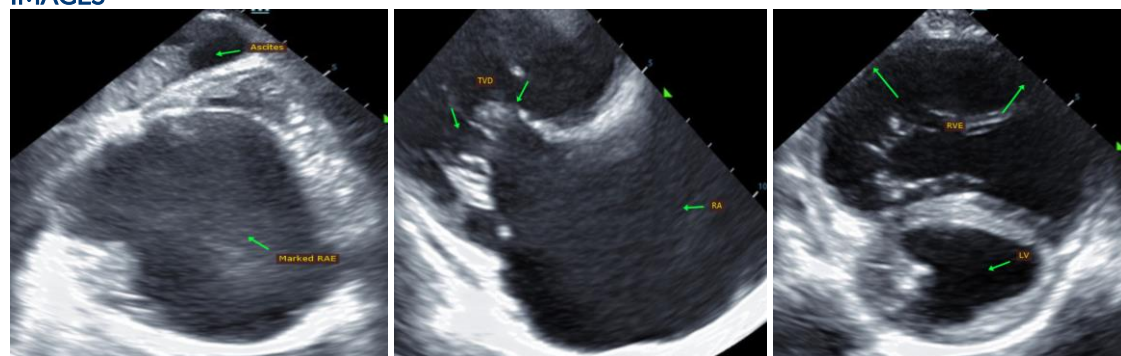
Monitor renal values every 6 months lifelong.

**WEIGHT**

49.5lbs

A recheck echocardiogram is recommended in 6-12 months, sooner if clinical decline in the

**IMAGES**



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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.

**REFERRING VET**

Dr. Harker

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.

**INVOICE**

23097

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**DATE**

3/15/22