



PATIENT

Cassius DeLeon

PRESENTING CLINICAL SIGNS

History: Presented for dyspnea. Tachycardic.

SPECIES

Canine

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Microcardia. Pneumothorax.

BREED

Doodle

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; 25mm/s, 20mm/mV. The majority of the tracing has dramatic motion artifact and is indecipherable. What can be evaluated is below:
The average heart rate is 130bpm without obvious arrhythmias. A sinus origin is suspected. Intermittent arrhythmias are not ruled out by this tracing.
ECG diagnosis: Suspect normal sinus tachycardia. Arrhythmias are not ruled out.

SEX

Male Neutered

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. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

AGE

4 years

WEIGHT

44.3lbs

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	NA	NA	1.0	1.0	35	66	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	NM	0.81	0.72	20.1	1.9	3.0	1.9
*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)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

The Collegeway
Animal Hospital

REFERRING VET

Dr. Hanna

INVOICE

23274

DATE

3/24/22

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



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hypertension. The ECG is largely indecipherable; however, what can be seen suggests a normal sinus rhythm. If arrhythmias are heard persistently on exam, a six-lead tracing may be indicated.

SPECIES

Canine

The chest radiographs show a pneumothorax without cardiac involvement. Consider Radiologist review of the films and immediate referral to an Emergency Facility as immediate treatment is indicated.

BREED

Doodle

No cardiac medications are indicated at this time as the symptoms are certainly non-cardiac in origin.

SEX

Male Neutered

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

Recheck in 1 year if murmur persists once clinical status is stabilized.

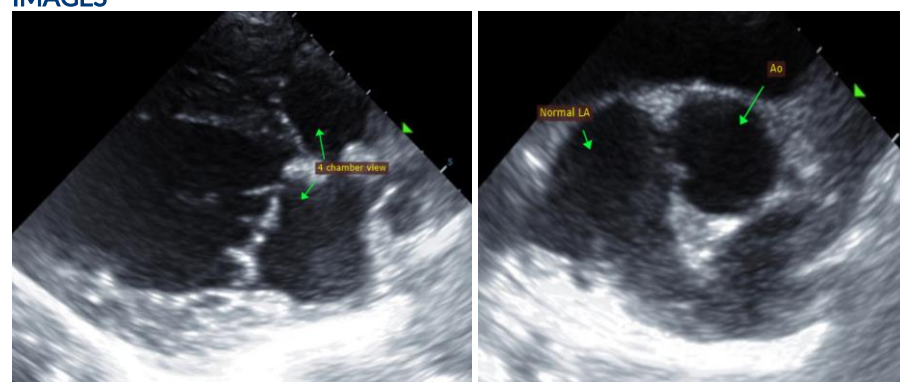
AGE

4 years

IMAGES

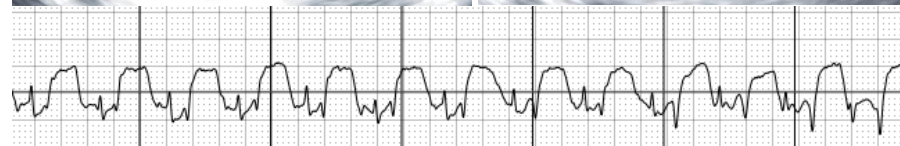
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Hanna

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.

Maggie Machen Lamy, DVM
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