



PATIENT

Toby Luty

SPECIES

Canine

BREED

Labradoodle

SEX

Male Neutered

AGE

5 years

WEIGHT

86.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Beatties Pet Hospital
Burlington

REFERRING VET

Dr. Murota

INVOICE

29859

DATE

3/27/23

PRESENTING CLINICAL SIGNS

History: Controlled Addison's disease and hypothyroidism. Going into surgery for low grade spindle cell tumor but radiographs revealed cardiomegaly and mild bronchial pattern. Patient recently coughing. No murmur heard. HR: 112, RR: 22.

-Current medications: Has been on Prednisone 5mg SID, Thyro Tabs 0.5mg BID, Clavaseptin 500mg BID, Percorten V 25mg/ml - 2.9ml IM every 25 days, Aventiliver 2 chews BID.
-Radiographs: Showed cardiac silhouette is large on all views. No definitive left atrial enlargement is seen. Mixed bronchial and interstitial infiltrate.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. Trace mitral regurgitation with no left atrial dilation. Mild LV dilation in both systole and diastole (LVIDdN: 1.86, LVIDsN: 1.22) with mild decline in myocardial function. The tricuspid valve appears normal with trace 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 AI or PI. 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	NM	NM	1.0	1.0	38	69	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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	130	2.3	1.0	39.3	3.2	4.3	2.6
*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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abnormality identified is mild LV dilation with mild dysfunction. While it is certainly possible that these findings are a normal variant (i.e. non-progressive), careful monitoring is recommended going forward. Small leaks are noted in the mitral and tricuspid valves, which are hemodynamically insignificant. Regardless of these findings, the LA is normal, indicating a low risk for complication at this time.



PATIENT

Toby Luty

Given the echo findings and the recent evidence of grain free/boutique diets leading to DCM in some (but certainly not all) dogs, highly recommend a thorough diet history in this patient. If grain free or boutique brand, recommend immediate change to a more standard well formulated diet. A taurine supplement is also recommended. Finally, hypothyroidism can cause decreased myocardial function, and ensuring the thyroid levels remain normal is recommended. No medications are indicated.

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Given these findings, the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc.).

SEX

Male Neutered

Monitor for development of a progressive heart murmur, cough, labored breathing, exercise intolerance or collapse episodes. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

AGE

5 years

No cardiac contraindication for anesthesia at this time. Mild IV fluid restriction is advised.

PLAN

Diet history recommended as discussed. Recommend taurine supplement, 1000mg PO q12h. Consider reassess thyroid panel.

WEIGHT

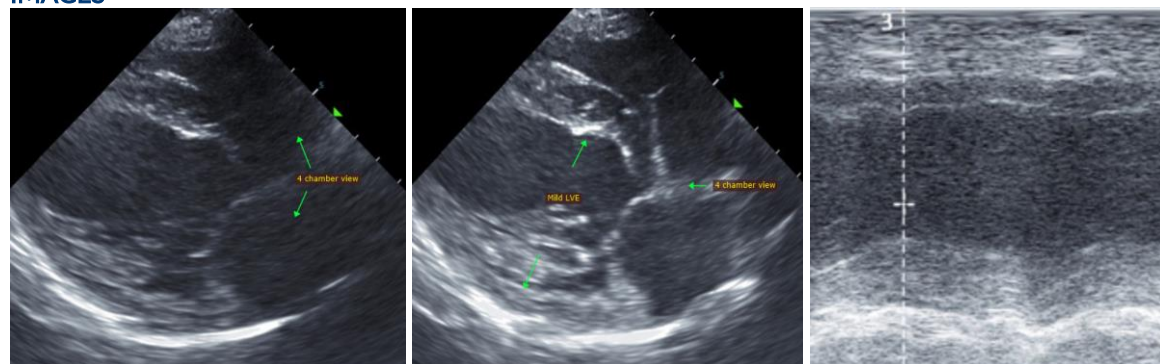
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Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs or a heart murmur.

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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. Murota

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

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