


PATIENT

Charlotte Plunkett

PRESENTING CLINICAL SIGNS

History: Coughing for 2 weeks. Wheezing cough in clinic. Worse first thing in the morning and at night; inspiratory crackles HR 140. Cough on tracheal pinch.
 -Current medications: Started clavaseptin 50mg 1/2 BID for 10 days today.

SPECIES

Canine

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
 Globoid cardiac silhouette with mild right heart enlargement suspected. No obvious evidence of CHF.

BREED

Yorkshire Terrier

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve structure and function with no obvious prolapse into the left atrial lumen. Trivial mitral regurgitation; normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with trace TR. Normal velocity; however, mild right heart enlargement suggests early pulmonary hypertension. Mild MPA and branch dilation. The pulmonic and aortic valves are normal in morphology and mobility. Normal LVOT/RVOT velocity. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac tumors seen.

AGE

10 years

CARDIAC CHART
WEIGHT

3lbs

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		1.9	1.2	1.3	55	89	0.14
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	90	1.1	0.7	1.36	1.0	1.6	0.9
*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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Essentially normal cardiac structure and function documented in this study. There is no significant valvular regurgitation or left heart enlargement is noted. Mild right heart and MPA enlargement is likely consistent with early pulmonary hypertension (PAH) despite a normal TR velocity. This is likely developing secondary to described respiratory

INVOICE

23348

DATE

3/29/22

HOSPITAL NAME

 Hillview Veterinary
 Clinic

REFERRING VET

Dr. Stevenson



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issues/cough. Monitoring is advised. **It is important to note that PAH develops secondary to primary respiratory signs if poorly controlled, rather than being a primary cause.** Regardless, a lack of significant right heart changes indicate little concern at this time and primary respiratory disease should continue to be addressed.

SPECIES

Canine

These findings would certainly suggest that the cough/crackles are noncardiac in origin. Further evaluation/treatment of respiratory disease is recommended, depending on response to current regimen. Options include, Theophylline, Hydrocodone, a course of Baytril or similar, anti-inflammatory prednisone, etc. If refractory, TTW/BAL may be necessary.

BREED

Yorkshire Terrier

SEX

Female Intact

No cardiac medications are indicated. The best approach to early PAH is adequate cough control, as continuing inflammation within the airways leads to its development. Monitor for signs of PAH at home, including exertional syncope and/or dyspnea.

AGE

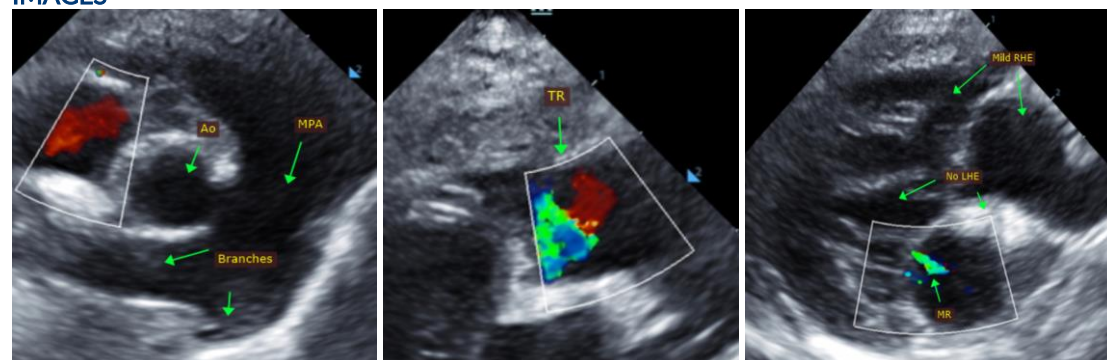
10 years

A recheck echocardiogram is recommended in 1 year, or if clinical signs of PAH develop (exertional syncope, etc.).

IMAGES

WEIGHT

3lbs



INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Hillview Veterinary
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. Stevenson

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