



PATIENT

Dixie Rudd

SPECIES

Canine

BREED

Yorkie

SEX

Female

AGE

13 years

WEIGHT

8.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sands Hill Mobile
Veterinary Ultrasound

HOSPITAL NAME

Surf City Pet Hospital

REFERRING VET

Dr.Rudd

INVOICE

22917

DATE

3/3/22

PRESENTING CLINICAL SIGNS

History: Dixie had a dental in February-some infected teeth, ever since she has been lethargic, sleeping most of the day, some coughing but she does have a collapsing trachea. Her murmur was consistent at 1/6, but in the past 3 months it has increased to grade 3/6.

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 eccentric mitral regurgitation with no left atrial dilation. Normal MR velocity. Normal LV diameter with adequate 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 obvious aortic or 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	5.3	NM	1.5	1.2	48	82	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	1.2	0.8	3.9	1.4	2.5	1.3
*Normal chamber parameters expressed as a mean value (SD)							
BODY WEIGHT DEPENDENT PARAMETERS							
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>							
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							
				5	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
				10	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
				15	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				20	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				25	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				30	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				35	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				40	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				45	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

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.

These findings are not suspected to be related to the dental cleaning or current clinical signs. Full systemic evaluation is advised.



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In a dog with no significant left atrial enlargement, no cardiac medications are clearly indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

SPECIES

Canine

No cardiac contraindication for general anesthesia prior to chamber enlargement.

BREED

Yorkie

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

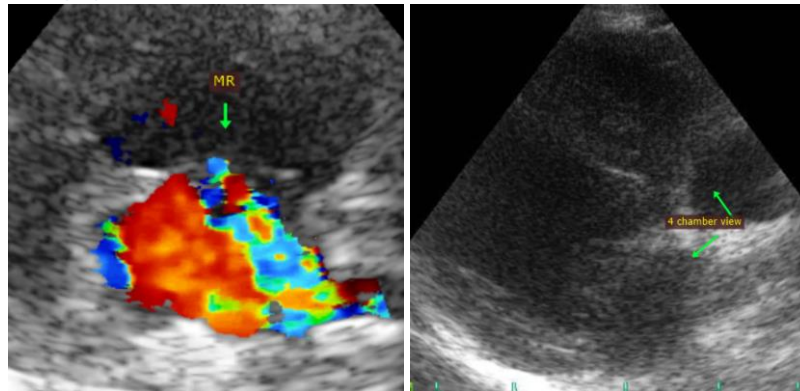
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Sands Hill Mobile
Veterinary Ultrasound

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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