



PATIENT

Studley McIver

SPECIES

Canine

BREED

Staffordshire Terrier
Mix

SEX

Male Neutered

AGE

11.9 years

WEIGHT

60lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Presenting for bicavity US for episodes of weakness and collapse. Also has been having episodes of urinating in the house. Current meds: 1)Proin ER 74 mg SID, 2)Carprofen 50 mg BID. Discussed neuro referral after echo/AUS screen if no significant abnormalities found. BP: 140 mmHg. Previous AUS 7/18/2022, Eric Lindquist, DVM, DABVP, Sonopath) Hx splenectomy 9/2022 - Bx myelolipoma *Having bi-cavity ultrasound exams. -Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4/Accuplex unremarkable with exception of ALP 560 (>131) in-house urine culture March 2023 neg. ACTH Stim 3/27/23 neg for Cushing's.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is diffusely thickened with no prolapse into the left atrial lumen. Mild mitral regurgitation with a normal velocity.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with mild tricuspid regurgitation; normal velocity.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 80bpm.

2-Dimensional Measurements

Ao diam (cm)	2.1
LA diam (cm)	2.6
LA:Ao (Swe)	1.3
IVS thickness (cm)	1.0
LVID diastole (cm)	3.4
PW thickness (cm)	1.0
LVID systole (cm)	2.3
FS (%)	32

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.6
TR Vmax (m/s)	2.6
TR PG (mmHg)	26

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

VCA Hansen Animal
Hospital

REFERRING VET

Dr. Whalen

INVOICE

30133

DATE

4/10/23

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild mitral and tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as pulmonary hypertension are noted in this study.

No obvious structural cardiac cause for the episodes is seen in this study. Consider other possibilities such as an intermittent arrhythmia, blood pressure swings, neurologic events, etc.



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Studley McIver

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

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RECOMMENDATIONS

- In a dog without significant left atrial enlargement, no cardiac medications are clearly indicated.
- Consider alternative explanations for syncope as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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PLAN

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

IMAGES



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 DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

VCA Hansen Animal
 Hospital

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. Whalen

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

30133

Maggie Machen Lamy, DVM
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com

DATE

4/10/23

Echocardiogram performed by: Pamela Harrigan, RDCS
 Pet Animal Ultrasound Service (4paus.com)