



PATIENT

Jack Lahrman

SPECIES

Canine

BREED

Pitbull

SEX

Male Neutered

AGE

3.4 years

WEIGHT

56.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

T. Tenorio, DVM

HOSPITAL NAME

Wauwatosa
Veterinary Clinic

REFERRING VET

Dr. Haynes

INVOICE

23632

DATE

4/13/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of coughing/gagging. Elevated ProBNP.
-Pertinent previous echo findings (10/2021 MML): Mild LV dysfunction. LV: 4.2/3.1, FS: 26%, triv TR.
-Sedation: Dog is fearful, was given gabapentin 200mg X 2 prior to appointment, also given trazadone 150mg 1.5 prior to appointment. Sedated with torb 5mg and ace 0.10ml.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve with no prolapse into the left atrial lumen. Trace/mild mitral regurgitation; minimal left atrial dimension. Normal LV dimension. Mild systolic dysfunction. Mild increase in sphericity. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology; no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. No AI and trivial PI appreciated. 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	1.7	NM	1.4	24	40	0.53
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	1.2	0.62	25.6	2.8	4.2	3.2
*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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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

Compared to the prior study, there is evidence of slight progression. The systolic dysfunction is mildly progressed; however, the patient is notably heavily sedation. While neither of these sedatives are known to specifically depress function, they can certainly affect preload and afterload. The LA remains minimally dilated indicating low risk for complication and the LV similar in dimension to the previous study. Finally, a small leak is noted in the mitral valve, which was not documented previously. No additional issues are identified.



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Given these findings, no medications remain indicated. Continue Taurine going forward. Ideally, reassess this patient without sedation in the future.

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

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Anesthetic risk is considered mild at this time; however, a screening BP is advised prior to induction. 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.

SEX

Male Neutered

PLAN

Continue Taurine supplement as previously recommended.

AGE

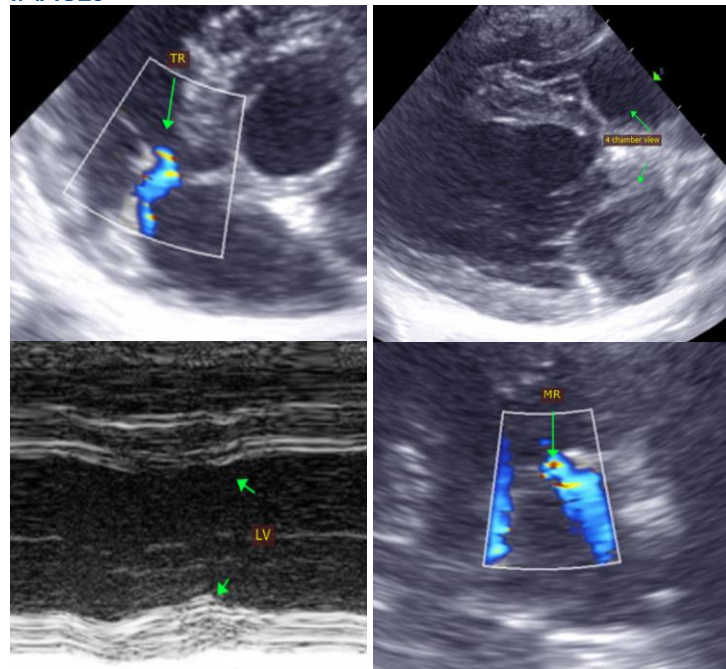
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Recommend conservative monitoring with a recheck echocardiogram in 6-12 months (ideally without sedation), sooner if clinical signs arise.

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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.

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Canine

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.

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Pitbull

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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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