

PATIENT

Mazie Swann

SPECIES

Canine

BREED

Goldendoodle

SEX

Female Spayed

AGE

10years

WEIGHT

59lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Willakenzie Animal
 Clinic

REFERRING VET

Dr. Popuette

INVOICE

30370

DATE

4/20/23

PRESENTING CLINICAL SIGNS

History: Increased respiratory rate and effort. Increased abdominal firmness. Decreased appetite.
 -Current medications: Budesinidem, Metoclopramide, Famotidine, Furosemide.
 -Radiographs: Increased cardiac size Rt atrium, increased caudal cardiac waist, possible fluid in lungs

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip.

Morphology/MEA cannot be definitively commented on.
 A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 125bpm (range 115-130bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.
 ECG diagnosis: Normal sinus rhythm with respiratory variation.

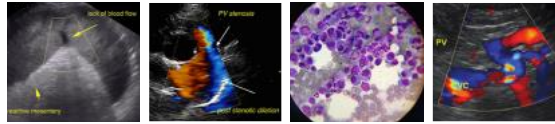
ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. Trace mitral regurgitation with normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. No obvious mass lesions associated with the right atrium or AV groove. No evidence of tamponade. 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 pleural effusion noted. Small volume pericardial effusion. 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	2.7	1.5	1.2	28	50	0.6
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	140	1.7	1.1	26.8	2.4	4.0	2.9
*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)
				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)

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



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	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)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

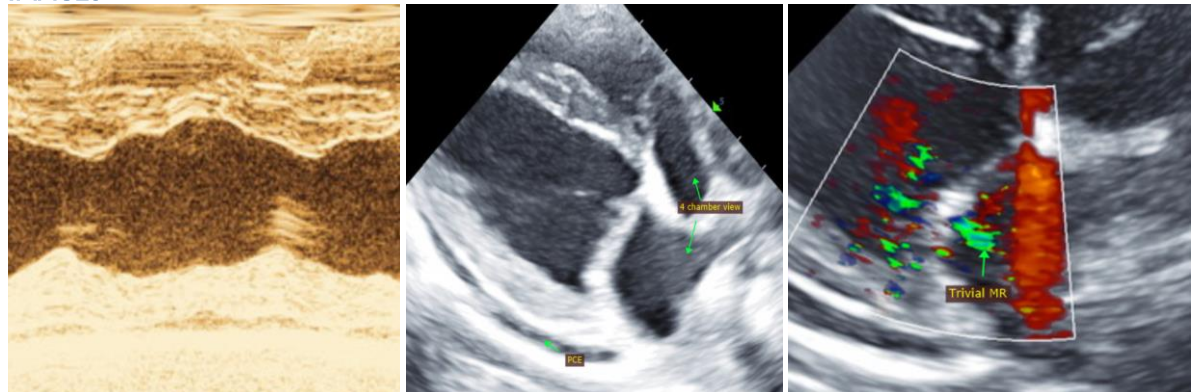
Overtly normal cardiac dimensions and function are documented in this study. The cause of cardiomegaly is small volume pericardial effusion, which is of unknown origin. A lack of RA or RV enlargement would suggest CHF is ruled out as a cause and Lasix can be safely discontinued. Other possibilities should be considered, such as hematologic, infectious or inflammatory causes. An extra-cardiac tumor bleed cannot be entirely ruled out; however, no obvious masses are appreciated. Advanced cardiac imaging could be considered if suspicion is high (such as referral for advanced echo or CT). Trivial MR and TR are hemodynamically insignificant at this time. The ECG is unremarkable with a normal sinus rhythm.

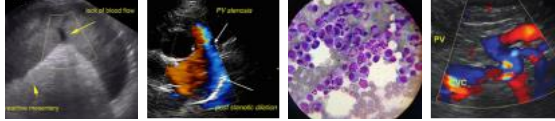
Highly recommend immediate further evaluation, including a Radiologist review of the chest radiographs, in light of the echo findings. Additionally, full systemic evaluation is recommended, including screening lab work to assess protein levels, blood counts/clotting times, etc. and also an abdominal ultrasound. A diagnostic tap would be ideal; however, this carries considerable risk with this amount of effusion and other non-invasive options should be explored first. Given the unusual nature of the case, consider referral to a multi-specialty center as the gold standard option.

Anesthesia is not advised prior to further evaluation.

Recommend reassessment based upon clinical progression and diagnostic findings.

IMAGES





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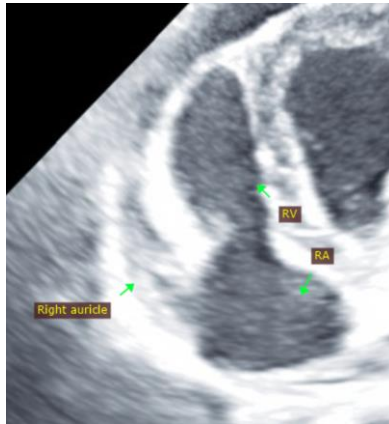
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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