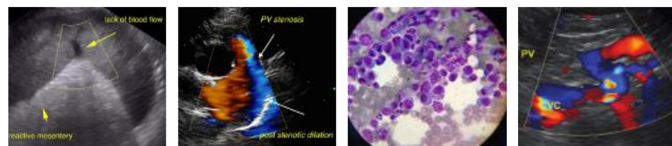


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Jada Washburn

SPECIES
Canine

BREED
Husky Mix

SEX
Female Spayed

AGE
5 years

WEIGHT
58.6lbs; 26.6kgs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Patti Mayfield, DVM

HOSPITAL NAME
Smiling Dog Veterinary Services

REFERRING VET
Dr. Mayfield

INVOICE
30491

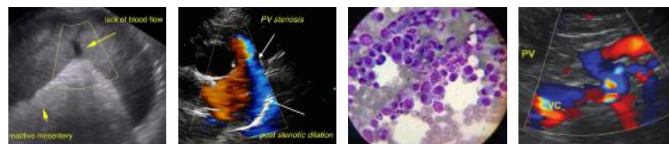
DATE
4/27/23

PRESENTING CLINICAL SIGNS

History: Jada was transferred from Pawsitive Wellness for further evaluation and care following a cardiovascular/respiratory crisis requiring CPR following sedation. Jada developed moderate neuropathy associated with the right pelvic limb (RPL) in February. She was evaluated by her primary care veterinarian at Bush Animal Hospital (BAH) where routine blood work was performed (WNL). She was started on Prednisone 20mg; 1 tab PO BID x 7 days, 1 tab PO q24hours x 7 days, 1 tab PO EOD x 7 doses. -- It was advised that Jada receive acupuncture and sedated radiographs to evaluate the spine, which was referred to Pawsitive Wellness. Jada was evaluated today and received Dexmedetomidine 9.7mcg/kg (0.5 mL) mixed with 0.2mg/kg butorphanol (0.52ml), mixed IV. Shortly after the injection, she demonstrated agonal breathing and asystole was described. She was intubated, reversed with 0.5 mL Antisedan IV and given Atropine 1. mL IV. Closed chest compressions were initiated and within 30 seconds, spontaneous breathing and NSR was documented. Blood pressures were reportedly normal. PPH: Jada was adopted 3 years ago through a rescue organization. She was originally from Fresno, CA. HW testing has always been NEG, to the client's knowledge. She routinely receives Bravecto and HW prevention (q monthly). In the last 5 months, clients have noticed coughing (typically daily), dry, hacking with occasional sputum. Jada has also demonstrated mild exercise intolerance and seems to be panting more. She occasionally demonstrates a "head bobbing" type of ataxia, as well. Since the prednisone started, clients believe her mobility of the RPL is ~ 30% improved and her cough also appears to be improved. No thoracic rads or other diagnostics have been performed to evaluate the heart/lungs. No historical heart murmur. HW tested: Neg January 2023
-Abnormal PE/Chem/CBC/UA Results: PE: Mild sedation, however responsive. HR = 160 bpm, no arrhythmia detected. Mucous membranes are light pink with CRT of ~ 2.5 seconds. Significant CP deficits of the right pelvic limb (RPL) with no pain appreciated on TL palpation. Anal tone intact, deep pain intact (RPL) with intact panniculus. Patellar reflexes and withdrawal are wnl. CBC: -- HCT: 39.9% (37-61); previously 53% (February 20, 2023) remainder WNL CHEM-17: -- mild hypokalemia, 3.3 mmol/L (3.5-5.8) -- LIPA: 3074 U/L (200-1800).
-Radiographs: Patient was poorly compliant and would not tolerate VD or DV positioning. Was able to only obtain 2 lateral views: Retains fairly normal cardiac silhouette, with VHS of 10.5, however possible mild RA enlargement. No obvious pericardial effusion or pleural effusion. Vasculature appears normal. Pulmonary parenchymal pattern is normal, with only mild interstitial pattern, no consolidation or nodular changes. Trachea appears normal.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Trace mitral regurgitation with a normal left atrial dimension. Normal MR velocity. Normal LV diameter with adequate myocardial function for this signalment. The tricuspid valve appears normal with trivial 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.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Jada Washburn

SPECIES
Canine

BREED
Husky Mix

SEX
Female Spayed

AGE
5 years

WEIGHT
58.6lbs; 26.6kgs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Patti Mayfield, DVM

HOSPITAL NAME
Smiling Dog Veterinary Services

REFERRING VET
Dr. Mayfield

INVOICE
30491

DATE
4/27/23

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	4.7	NM	NM	1.2	27	50	0.4
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	1.7	1.1	26.6	2.5	4.4	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)
**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)
Adapted from June Boon, Veterinary Echocardiography, 1998				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Hansson et al, Vet Rad and Ultrasound 2002				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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

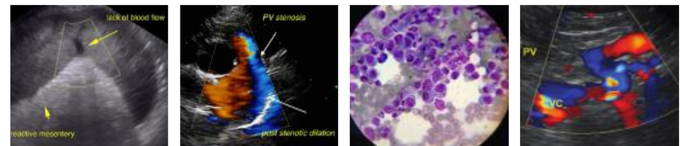
Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. Trace MR and TR may reflect early valve disease and follow up is advised should a murmur be ausculted in the future. No other significant valvular leaks are visualized, and no evidence of pulmonary hypertension. The systolic function is adequate for a large breed dog.

These findings would suggest the anesthetic event was noncardiac in origin. Recommend avoid Dexmedetomidine in the future as this is the likely culprit. Additionally, no cardiac cause for cough or panting is suspected.

Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

No cardiac contraindication for general anesthesia. Avoid Dexmedetomidine; however, no other specific restrictions are necessary based upon the information available. Consider a baseline ECG/BP prior to induction to ensure HR/rhythm is normal.

A recheck echocardiogram is recommended should a significant murmur develop, or signs of cardiac compromise be noted in the future.



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Jada Washburn

SPECIES
Canine

BREED
Husky Mix

SEX
Female Spayed

AGE
5 years

WEIGHT
58.6lbs; 26.6kgs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Patti Mayfield, DVM

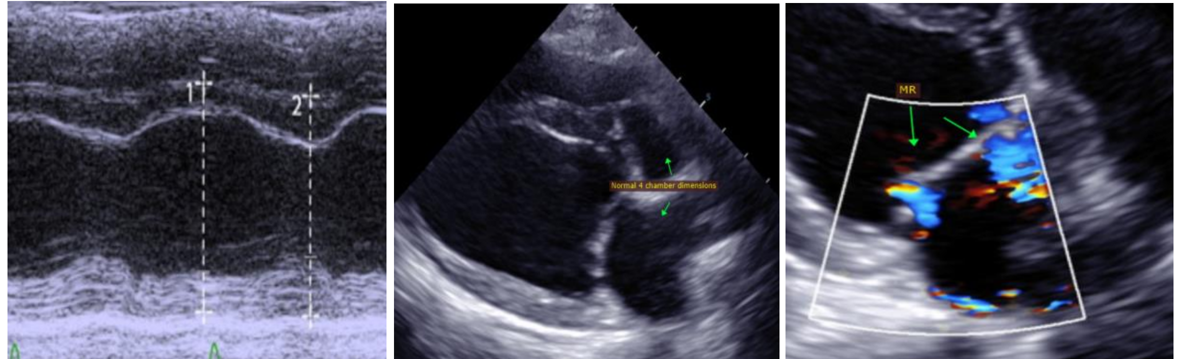
HOSPITAL NAME
Smiling Dog Veterinary Services

REFERRING VET
Dr. Mayfield

INVOICE
30491

DATE
4/27/23

IMAGES



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