



PATIENT

Bonzai Riphagen

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Male Neutered

AGE

12 years

WEIGHT

89.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Miller

INVOICE

23952

DATE

4/29/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well.

-Pertinent previous echo findings (11/2020 MML): Mild LVE, mild decline in FS: 26-28%, mild LAE, mild MR, no TR. LA: 3.7, LV; 4.9/3.5.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Borderline left ventricular dimension with borderline myocardial dysfunction. Mild increased LV sphericity. No left atrial enlargement. The mitral valve appears mildly thickened, with no obvious prolapse into the left atrial lumen. Mild mitral regurgitation. The tricuspid valve appears mildly thickened with no obvious TR. Mild right atrial and ventricular dilation. The aortic valve is normal in morphology and mobility. Normal LVOT/RVOT velocity. Prominent aortic root. Normal pulmonic valve with no pulmonic insufficiency seen. No pericardial or pleural effusion noted. No obvious cardiac tumors.

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	NA	NM	1.1	28	50	0.8
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	150	1.0	1.1	40.8	3.8	4.6	3.3
*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 no evidence of progression. The left heart dimensions are stable and mild mitral regurgitation persists. The FS is similar to previous, which remains borderline. One difference seen here is the aortic root is prominent and a baseline blood pressure is strongly recommended. No additional issues are identified.

Given what is seen here, no medications are warranted at this time. Pimobendan is noted in the 2020 report, which does not appear necessary if still being utilized. Prognosis is highly variable (B1).

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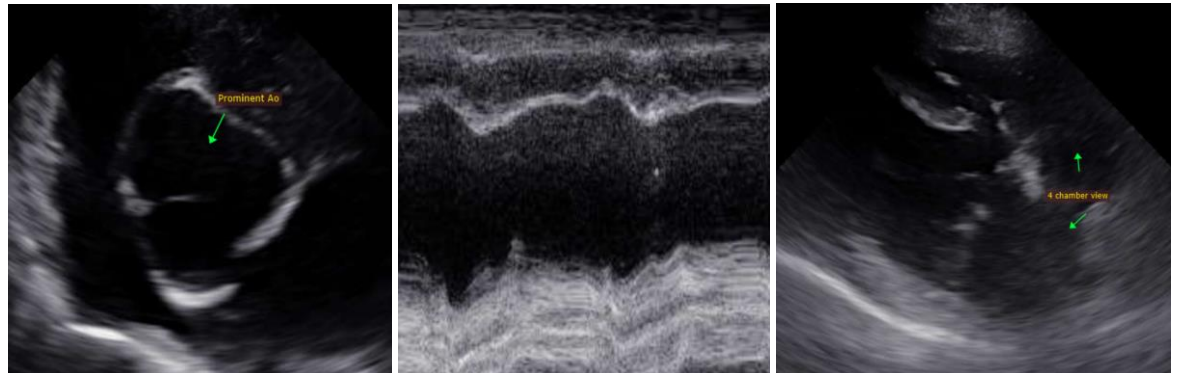
DATE

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Anesthetic risk remains mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso/sevoflurane maintenance) 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. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

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

Recommend conservative monitoring with a recheck echocardiogram in 1 year, sooner if any development of clinical signs.

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. 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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