



PATIENT

Duke Wellhoefer

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

5 years

WEIGHT

78lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

T. Tenorio, DVM

HOSPITAL NAME

Wauwatosa
Veterinary Clinic

REFERRING VET

Dr. Haynes

INVOICE

24122

DATE

5/10/22

PRESENTING CLINICAL SIGNS

History: Recheck. Doing well.

BP: 130mmHg

Current medications: Pimobendan and taurine.

Pertinent previous echo findings (MML 11/2021): no LVE, FS 23, trace MR, mild LAE, trace TR; LV 4.3/3.3, LA 3.3

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve appears normal with no obvious prolapse into the left atrial lumen. Trace central MR. Minimal left atrial dilation. No LV dilation with increased sphericity. Mild decline in myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function. Prominent right atrial and ventricular diameter. No overt evidence of pulmonary arterial hypertension or right heart decompensation. Trace TR. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity with laminar flow. Trace/mild aortic insufficiency. 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 | NM | NM | 1.4 | 22 | 40 | 0.28 |
| 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 | 0.84 | 35.5 | 3.2 | 4.0 | 3.1 |
| *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) |

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Stable mild disease persists. No significant chamber dilation has developed, and the systolic function is similar to previous. Trace MR and TR are unchanged and no additional issues are identified.



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Given these findings, no changes are indicated at this time. Continue Pimobendan and Taurine as was previously recommended. Prognosis is guarded long-term.

SPECIES

Canine

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

BREED

Golden Retriever

PLAN

Continue Pimobendan and Taurine as prescribed.

SEX

Male Neutered

A recheck echocardiogram is recommended in 6-12 months, sooner if a murmur develops or any signs of cardiac disease are noted.

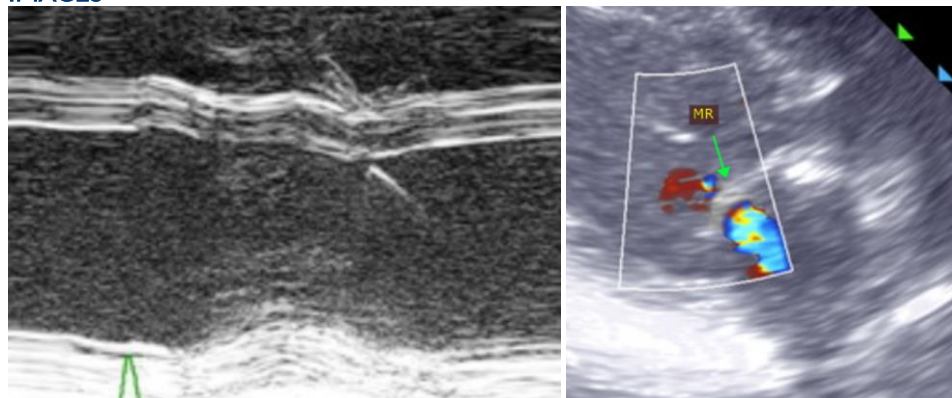
AGE

5 years

IMAGES

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78lbs



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DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

T. Tenorio, DVM

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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info@sonopath.com

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