


**PATIENT**

Princess Zahoruk

**PRESENTING CLINICAL SIGNS**

 History: HW positive, microfilaria neg, normal rate and rhythm of heart, no murmur heard, lungs ausc normally HR 100, RR 20 meds: pred 50mg 1/2 SID, advantage multi  
 Abnormal PE/Chem/CBC/UA Results: nsf other than HW positive

**SPECIES**

Canine

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild mitral valve thickening with no obvious prolapse into the left atrial lumen. No mitral regurgitation; normal left atrial dimension. Normal LV diameter with adequate myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function with no obvious TR. The right atrium and ventricle appear normal. No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal LVOT and RVOT velocity. No aortic or pulmonic insufficiency. Normal MPA and PA branches; no obvious adult worms seen. No pericardial or pleural effusion noted. No obvious cardiac tumors seen.

**BREED**

Potcake

**SEX**

FS

**AGE**

2years

**CARDIAC CHART**
**WEIGHT**

23kgs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>			1.1	1.1	39	71	0.3
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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>		2.1	1.6	23	2.1	3.5	2.1
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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)

**HOSPITAL NAME**

 Headon Forest  
 Animal Hospital

**REFERRING VET**

Dr. Martin

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

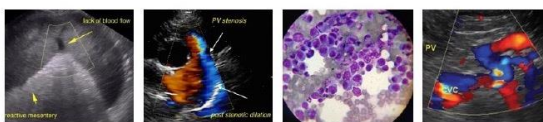
Overtly normal cardiac structure and function documented in this study with no obvious significant PAH. There is no significant valvular regurgitation or chamber enlargement noted. The MPA and branches appear normal, and there are no obvious adult worms seen; however, the distal branches are not well visualized. It is important to note that ultrasound is not 100% sensitive for finding adult worms however, although suspicion is low in a dog without associated clinical signs (cough, exertional syncope).

**INVOICE**

24118

**DATE**

5/10/22



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Princess Zahoruk

There is no obvious contraindication for Immiticide therapy with a presumably low adult worm burden. Confirming the diagnosis followed by the split immiticide protocol is recommended as dictated by the American Heartworm Society

**SPECIES**

Canine

([www.heartwormsociety.org](http://www.heartwormsociety.org)), including 30 days of doxycycline and monthly Ivermectin. Strict cage rest required at least until 4-6 weeks following the final treatment. Unless the patient is symptomatic, prednisone can be safely weaned and discontinued.

**BREED**

Potcake

If treatment is successful, good chance for no long-term issues associated with HW disease (cough, pulmonary hypertension, pulmonary damage, etc.) given a normal cardiac structure and lack of clinical signs.

**SEX**

FS

Follow up echocardiography is only necessary if clinical signs of cardiac disease develop (murmur, cough, fainting, etc.).

**IMAGES**

**AGE**

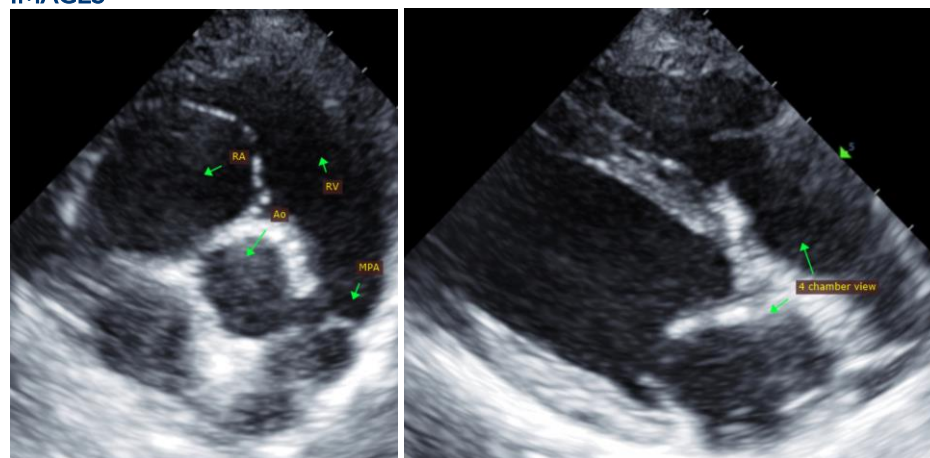
2years

**WEIGHT**

23kgs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)



**IMAGING PERFORMED BY**

Kelly Reschny, CVT

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.

**HOSPITAL NAME**

Headon Forest  
Animal Hospital

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

**REFERRING VET**

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