



PATIENT

Pepa Diaz Escalera

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

7 years

WEIGHT

12.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Davila

INVOICE

24236

DATE

5/17/22

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an echocardiogram. Pt presented to rDVM with history of anorexia of 3 days and upon presentation to the clinic pt had respiratory distress. Thoracic rads showed pleural effusion and thoracocentesis showed hemorrhage. Pt is not currently on any medication.

Thoracocentesis following the echocardiogram was done and removed about 40mls of non-coagulated blood. The fluid was submitted to the lab for final evaluation.

-Abnormal PE/Chem/CBC/UA Results: PE: no heart murmur Mild muffle heart sound on right side
BW: CBC: HCT: 27.6 (37-61), HGB 9.8 (13-20.5), Reticulocyte (240 (10-110), Platelets 113 (148-484). Chem: Creatinine 0.2 (0.5-1.8), ALKP 267 (23-212).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trace mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no obvious 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 effusion noted. Moderate volume pleural 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	NA	NM	1.2	46	79	0.26
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	176	0.9	0.9	5.7	1.7	2.7	1.5
*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

Overtly normal cardiac dimensions are documented in this study. No concerning chamber dilation, valve leaks or other abnormalities are identified. No intra or extra-cardiac masses are appreciated, nor is there any current pericardial effusion.



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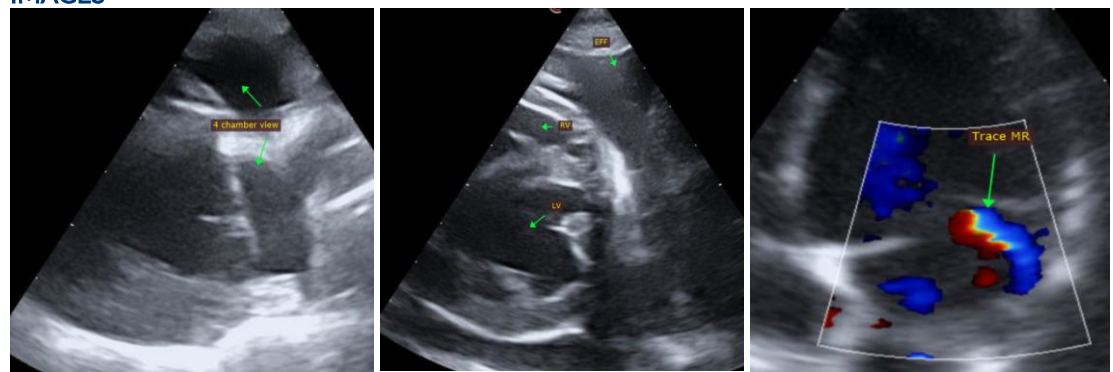
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Based upon these findings, pleural hemorrhage is certainly non-cardiac in origin. Hemorrhage is highly concerning for a neoplastic process and further evaluation is warranted. No obvious extra-cardiac masses are visualized; however, **a full thoracic evaluation is outside the scope of an echocardiogram.** Advanced imaging such as a thoracic CT scan, abdominal evaluation, advanced lab work (such as clotting times) is strongly recommended. Consultation with an IM or ECC specialist may be useful in this case.

Recommend a recheck echocardiogram if a murmur or clinical signs of cardiac disease develops in the future.

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.

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