



PATIENT

Thea Beard

SPECIES

Canine

BREED

Poodle

SEX

Female Spayed

AGE

9.28.16

WEIGHT

63lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo. Has been doing great on medication.

-Current medications: Vetmedin 7.5mg BID, Taurine 1000mg BID, Spironolactone 50mg BID, Lasix 20mg BID.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (10/2021 MML): Moderate central MR, marked LAE, severe LVE, FS: 10%, LV: 7.7/6.9. Mild RHE, mild TR: 2.7m/s, LA: 4.8.

-STAT: Declined STAT and ECG at this time.

-Imaging performed by: Stephanie Pearce RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve appears mildly thickened, with no obvious prolapse into the left atrial lumen. Mild central MR. Normal velocity. Marked left atrial dilation. Severe LV dilation with increased sphericity and decline in myocardial function. Decreased LV wall thickness. The tricuspid valve appears mildly thickened in form and function. Mild RA/RV dilation. No overt evidence of pulmonary arterial hypertension. Mild TR, normal velocity. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity with laminar flow. No aortic insufficiency. Normal pulmonic valve with no pulmonic insufficiency seen. No pericardial or pleural effusions seen. No obvious cardiac tumors

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Harborside Mobile Veterinary Clinic

REFERRING VET

Dr. Hawkins

INVOICE

24295

DATE

5.19.22

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	5.0	2.4	NM	2.8	11	20	NM
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	220	1.7	1.4	28.6	4.6	7.5	6.7
*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)
				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

Largely unchanged yet severe structural disease is identified in this study. Four chamber dimensions are similar to previous without obvious pulmonary hypertension or other concurrent issues. The heart rate is markedly elevated throughout the study and a **baseline ECG is strongly recommended**.

Given these findings and a clinical stable patient, continue all medications as prescribed. Routine blood pressure monitoring is advised if not recently assessed.

Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF in the future. Monitor for development of a murmur, cough, labored breathing, exercise intolerance or collapse episodes.

Prognosis is poor at this stage, given the onset of CHF with an average survival time of <6 months. It is encouraging however that the patient is doing well on medications without complication. Regardless, there will always be a risk for development of recurrent congestive heart failure, malignant arrhythmias (AF, VT), collapse and/or sudden death in the future.

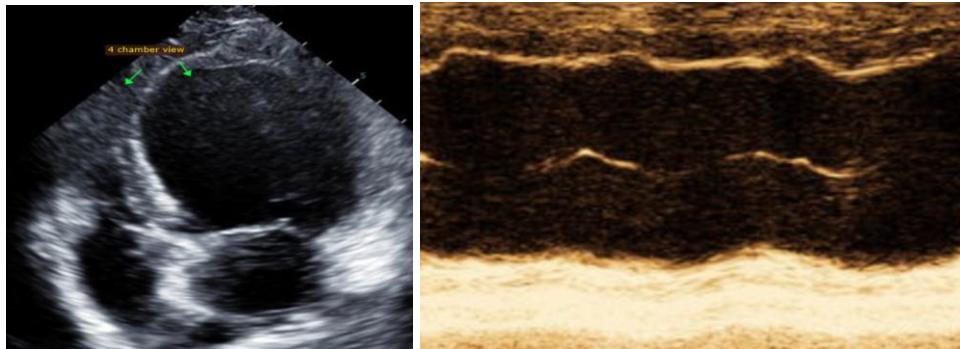
PLAN

Consider recheck baseline ECG and BP as discussed. Continue 3 medications as prescribed.

Recheck renal panel and BP is recommended every 3-4 months lifelong.

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

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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