



PATIENT
Can Kornie Unidad
K9 Polica de PR

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. Initial PCE 2022.
-Pertinent previous echo findings (2/2023 MML): Trace MR, PCE with tamponade, small hyperechoic lesion in AV groove, no definitive mass. CT declined.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild 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 tricuspid regurgitation. Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. No obvious tumors associated with the right heart. The auricle appears normal. 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. Scant pericardial effusion. No pleural effusion noted.

BREED

Belgium Malinois

SEX

Male

CARDIAC CHART

AGE

10 years

WEIGHT

59.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Biello

INVOICE

30533

DATE

5/2/23

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	1.3	29	56	0.6
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	0.6	0.8	27.0	3.0	5.3	3.7
*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)
<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

Persistently normal cardiac dimensions and function with no obvious tumor identified. The suspicious lesion seen on the prior exam is actually less apparent and no obvious masses seen. Scant pericardial effusion is likely this patient's normal; however, monitoring for increased volume is certainly recommended. No additional issues are identified.

Given the timeframe in this case (the initial episode of PCE being in 2022), it is likely safe to say that hemangiosarcoma is not present. This is based upon an average survival time with HSA of <6 months and with no discrete lesion identified this is ruled out. This is likely a case of idiopathic



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pericardial effusion which can have a good prognosis. If the patient continues to reeffuse a pericardiectomy should be considered with referral to a thoracic surgeon if interested.

SPECIES

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Prognosis is guarded long-term simply because repeat pericardiocentesis will likely be indicated going forward.

BREED

Belgium Malinois

The patient will always be at risk for signs of recurrent pericardial effusion including pale gums, difficulty breathing, lethargy/collapse, cough, exercise intolerance, abdominal distention, vomiting, inappetence and/or sudden death. If you notice any of these symptoms, urgent evaluation should be sought.

SEX

Male

PLAN
No medications are indicated. Over the counter herbal supplement Yunnan Baiyao may help decrease risk of bleeding, however true benefit is speculative (1 capsule PO BID). Repeat pericardiocentesis as needed. Consider pericardiectomy in this case.

AGE

10 years

A recheck echocardiogram is recommended in 6-12 months, sooner if recurrent effusion recurs in the interim.

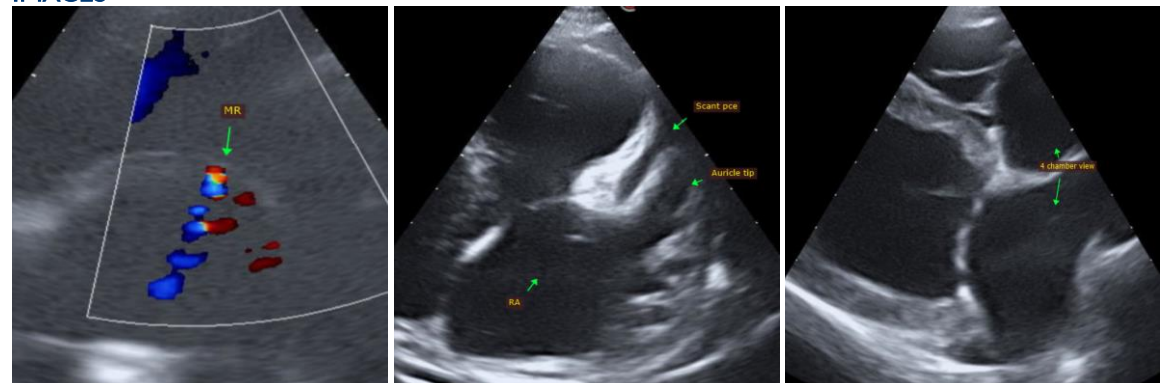
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IMAGES

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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.

HOSPITAL NAME

Paseos Veterinary
Center

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.

REFERRING VET

Dr. Biello

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