



PATIENT	PRESENTING CLINICAL SIGNS
Buster Hendricks	History: Recheck echo. Buster has a history of a grade III/VI systolic heart murmur. Collapsing trachea. -Current meds: benazepril 2mg PO BID, pimobendan 1mg PO BID, spironolactone 4mg PO BID, hydrocodone 1/4 tab PO BID-TID.
SPECIES	-BP: 170, 171mmHg.
Canine	-Pertinent previous echo findings (11/2021 MML): Severe MR, severe LAE, mild LVE, trace TR. LA; 2.5, LV: 2.9.
BREED	ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.
Maltese Mix	A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 108bpm (range 79-125bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.
SEX	ECG diagnosis: Normal sinus rhythm with respiratory variation.
Male Neutered	ECHOCARDIOGRAM FINDINGS
AGE	2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened (anterior>>posterior leaflet) with prolapse into the left atrial lumen. There is severe eccentric mitral regurgitation present. The MR velocity is normal. There is severe left atrial enlargement. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. No AI. The main pulmonary artery is normal in diameter. The pulmonic valve is normal in appearance. Normal right atrium. Normal right ventricle. Mild thickening of the tricuspid valve. Trivial TR. No overt evidence of pulmonary hypertension. No pericardial/pleural effusion or cardiac masses are seen.
12 years	CARDIAC CHART
WEIGHT	
10lbs	
INTERPRETED BY	
Maggie Machen Lamy, DVM, DACVIM (Cardiology)	
IMAGING PERFORMED BY	
Jennifer Todd, DVM	
HOSPITAL NAME	
Lambs Gap Animal Hospital	
REFERRING VET	
Dr. Todd	
INVOICE	
24308	
DATE	
5/20/22	

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	6.4	NM	NM	2.0	52	94	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	62	1.0	1.1	4.5	2.5	2.9	1.4
*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)

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



PATIENT

Buster Hendricks

SPECIES

Canine

BREED

Maltese Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

10lbs

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	50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, persistently stable disease is identified. The left heart is enlarged; however, no obvious progression is seen. Quantitatively the MR appears stable, and no additional issues are identified. The ECG is unremarkable with a normal sinus rhythm.

Given these findings, no change to the current medications is warranted at this time.

Prognosis remains guarded with risk for progression to CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home. Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit.

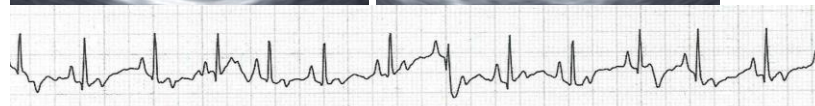
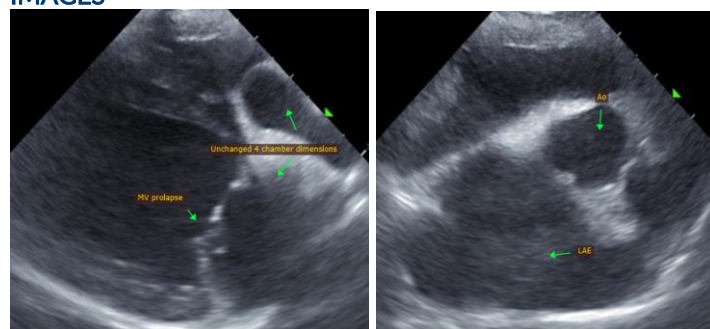
Elective anesthesia is not advised.

PLAN

Continue all medications as prescribed.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

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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