



PATIENT

Annie Bell

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur.

SPECIES

Canine

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 10mm/mV. The average heart rate is 130bpm (range 100-158bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.

BREED

Poodle

ECG diagnosis: Normal sinus rhythm with respiratory variation.

SEX

Female Spayed

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Mildly increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears subjectively normal, with trace tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

AGE

8.9 years

WEIGHT

13.2lbs

CARDIAC CHART

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)	
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6	
PATIENT	NM	2.2	NM	1.7	47	80	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)	
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW	
PATIENT	NM	1.5	1.2	6.0	1.9	3.2	1.7	
*Normal chamber parameters expressed as a mean value (SD)								
BODY WEIGHT DEPENDENT PARAMETERS								
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>								
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					5	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
					10	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
					15	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
					20	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
					25	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
					30	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
					35	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
					40	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

Incline Veterinary Hospital

REFERRING VET

Dr. Moger

INVOICE

24340

DATE

5/24/22



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Annie Bell

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BREED

Poodle

SEX

Female Spayed

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IMAGING PERFORMED BY

Loetitia St-Jacques,
LVT/RVT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing moderate mitral and trace tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. No additional issues are identified. Th ECG is unremarkable with a respiratory sinus arrhythmia.

Given the risk for progression and results of the EPIC trial, Pimobendan is indicated in this patient as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

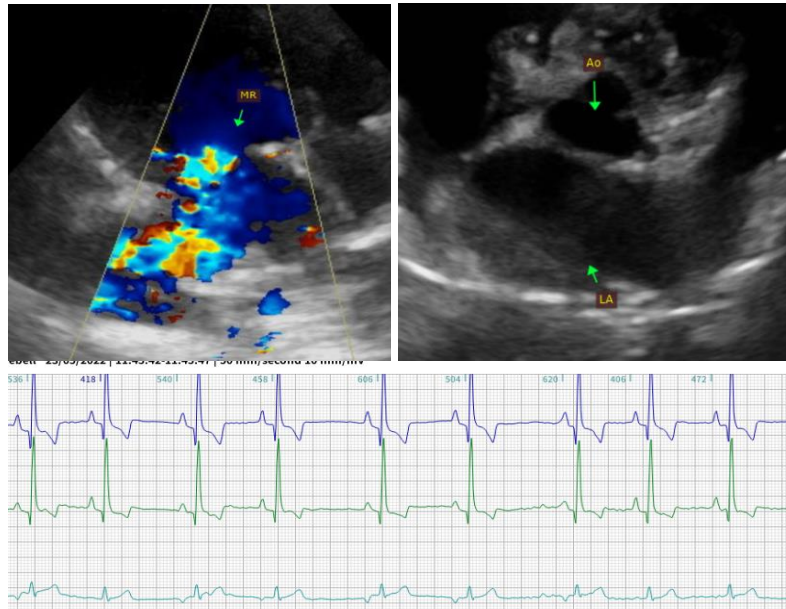
Once on the medication for 3-5 days, anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

Baseline BP recommended. Institute heart muscle support Pimobendan 0.25-0.3mg/kg PO q12h.

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES





Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com  530-786-8340

PATIENT

Annie Bell

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.

SPECIES

Canine

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.

BREED

Poodle

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

SEX

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