



PATIENT

Finn Newmann

PRESENTING CLINICAL SIGNS

History: General malaise. Heavy panting. Right-sided murmur. Mild tachycardia. VHS: 11.8.
-Current medications: Gave Cerenia as seemed nauseous yesterday, drooling.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Elongated, thickened posterior TV leaflet with truncated tethered septal leaflet. No obvious stenosis. Distorted RV papillary musculature with apical displacement. Mild to moderate tricuspid regurgitation with mild to moderate right atrial dilation. Tricuspid regurgitation velocity is mildly elevated. LV diameter is normal with adequate myocardial function. LA is normal. Mitral valve is normal with no obvious regurgitation. Normal pulmonic and aortic outflow velocities. Pulmonic and aortic valves appear normal Trivia AI. No PI. No pleural or pericardial effusion. No obvious cardiac tumors.

BREED

Ladrador Retriever

SEX

Male Neutered

CARDIAC CHART

AGE

2.5 years

WEIGHT

71lbs

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	NA	3.3	1.3	1.3	29	58	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	1.6	1.1	32.2	2.8	5.1	3.5
*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)

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Basking Ridge Animal Hospital

REFERRING VET

Dr. Rotella

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is tricuspid valve dysplasia. This is causing mild to moderate tricuspid regurgitation and mild secondary RA dilation. This is a common form of inherited heart disease in the Labrador Retriever which is present from birth. There may be some risk for progression in the future; however, only mild to moderate right heart enlargement is seen at this time. The velocity is mildly elevated consistent with mild pulmonary hypertension. A small aortic insufficiency is noted, and a baseline BP is recommended. The left heart is normal with no pathology appreciated.

INVOICE

30585

DATE

5/3/23

In this particular patient, the finding of mild to moderate RA right dilation should be monitored; however, there is no obvious indication for medications at this time. Simple follow-up is advised.



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If any progression is seen, Pimobendan may be warranted at that time. The long-term prognosis is guarded; however, outcome varies widely among TVD patients.

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Even with congenital disease identified here, this does not clearly explain current nonspecific clinical signs. Recommend full systemic evaluation based upon the clinical picture. TVD to this degree should not be causing issues unless CHF has developed, and no effusions are identified at this time. A brief scan of the abdomen is recommended to ensure no ascites is appreciated.

BREED

Ladrador Retriever

Anesthetic risk is considered mildly elevated if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

SEX

Male Neutered

AGE

2.5 years

Monitor at home for development of any associated clinical signs, including abdominal distention, labored breathing, and/or collapse episodes or lethargy. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Activity restriction is advised lifelong. Prognosis is guarded long-term with serial monitoring recommended.

WEIGHT

71lbs

PLAN

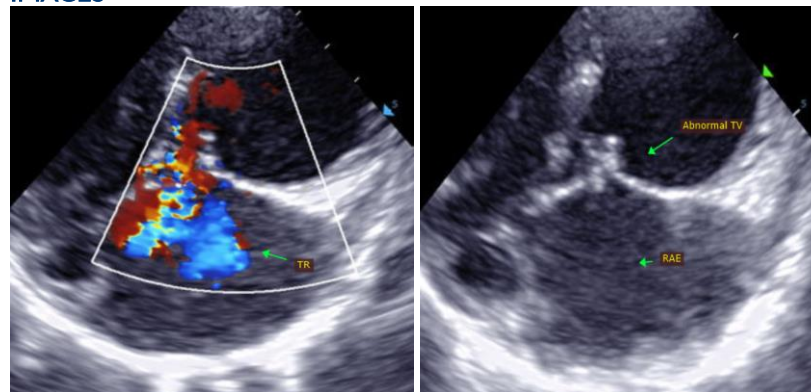
Continued systemic evaluation is recommended. Baseline BP. Brief screening for ascites if not already performed.

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DVM, DACVIM
(Cardiology)

Recommend conservative monitoring with a recheck echocardiogram in 1 year, sooner if any development of clinical signs.

IMAGES



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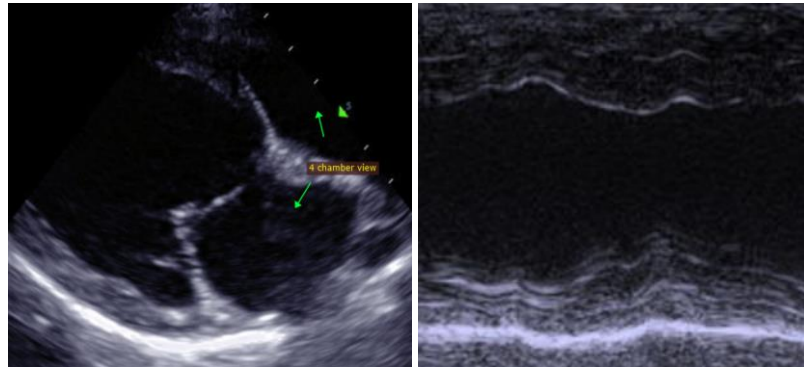
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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