



PATIENT

Bella Gray

SPECIES

Canine

BREED

Shiba Inu

SEX

FS

AGE

11 years

WEIGHT

11kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Alastair Westcott,
DVM

HOSPITAL NAME

Alastair Westcott,
DVM

REFERRING VET

Dr. Westcott

INVOICE

24526

DATE

6/1/22

PRESENTING CLINICAL SIGNS

History: Recent splenectomy. Periodic bouts of ataxia which improves after rest. Owner report of a syncopal event. A gallop rhythm at a previous examination and a heart murmur.
Abnormal PE/Chem/CBC/UA Results: QAR, vitals normal, cardiac auscultation nsf [no murmur, gallop or asynchronous rhythm noted, pulses are even and of good character], thoracic auscultation nsf, mucous membranes pink CRT less than 2 seconds. No bloodwork done recently. Thoracic radiographs at time of splenectomy were unremarkable

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trace mitral regurgitation with no left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. 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. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

| 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 | NA | NM | 1.3 | 40 | 76 | 0.27 |
| 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 | 0.98 | 0.84 | 11 | 1.8 | 2.5 | 1.6 |
| *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

Overtly normal cardiac structure and function with no cause of a murmur identified. No significant valvular insufficiencies were noted and no structural issues identified. In the absence of significant volume changes (dehydration) or anemia, other possibilities include a physiologic flow murmur only present with elevated heart rates, or a small flow abnormality not seen here. The former is suspected given the intermittent nature of the findings. It is reasonable to monitor



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periodically via recheck echocardiography in the future, particularly should the murmur persist/progress. One abnormality of note is the LV appears mildly volume underloaded. Consider baseline lab work, given the history of splenic disease.

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No structural cause of ataxia/syncope is seen here, pending normal lab work. Other possibilities include an intermittent arrhythmia, BP swings, or non-cardiac causes such as neurologic disease, etc. Follow up is advised based upon clinical suspicion.

BREED

Shiba Inu

No cardiac medications are indicated at this time. Monitor for any development of cough, labored breathing or exercise intolerance.

SEX

FS

No cardiac contraindication for general anesthesia.

Plan: Baseline BP, ECG and lab work are recommended. Further evaluation as discussed.

AGE

11 years

Recommend recheck echocardiogram in 12-18 months to screen for progression or development of concurrent cardiac disease that the preexisting murmur may mask.

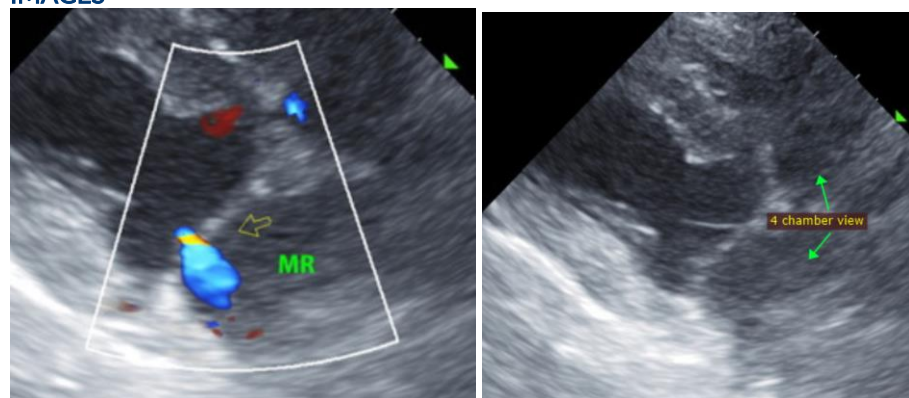
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IMAGES



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Alastair Westcott,
DVM

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

Alastair Westcott,
DVM

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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

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