



PATIENT

Buffy Buls

SPECIES

Canine

BREED

Poodle Mix

SEX

Female Spayed

AGE

12 years

WEIGHT

15lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Wixom Family Pet
Practice

INVOICE

24514

DATE

6/1/22

PRESENTING CLINICAL SIGNS

History: Not eating well for the past 3 days, straining to have a BM, owner is concerned about constipation. Has noticed some heavier breathing at home recently but no coughing. Not really drinking or urinating. Grade 5/6 left sided heart murmur, mm pink, CRT <2s, strong synchronous pulses with arrhythmia present, increased lung sounds left dorsal field, abdomen is tense/painful on palpation, possible fluid wave, rectal was normal.
-Current medications: Furosemide 20mg PO BID, Enalapril 2.5mg PO BID, Hydrocodone 5mg PO BID.
*Patient was euthanized following the echocardiogram.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Cardiomegaly, concern for CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Marked eccentric mitral regurgitation with marked left atrial dilation. Normal MR velocity. Severe LV dilation with hyperdynamic myocardial function. The tricuspid valve appears thickened with moderate TR. Normal velocity. Moderate right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal aortic and pulmonic outflow velocities with laminar flow. No AI/PI. Scant pericardial effusion seen. Ascites seen on abdominal images. 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	4.6	2.6	NM	2.8	49	82	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	NM	1.0	0.8	6.8	3.2	3.3	1.7
*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)
*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)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valve disease causing severe mitral and moderate tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous

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congestive heart failure is elevated. Bicavitary effusion is noted, which is likely secondary to marked tachycardia throughout the study. **These findings are most consistent severe underlying disease that led to development of rapid atrial fibrillation, acute decline and body cavity effusions.**

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Canine

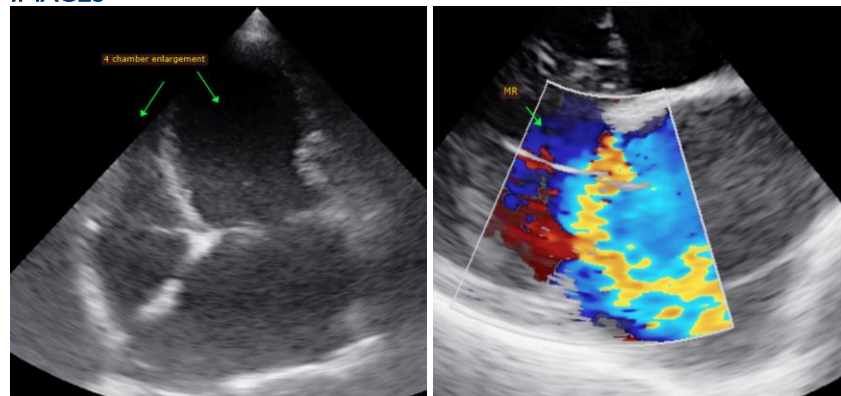
These findings are suggestive of end-stage disease with development of maglinant arrythmias. Confirmation of the arrythmia would be necessary to dictate treatment; however, the patient was euthanized due to poor prognosis which is reasonable. Prognosis once arrythmias and CHF are documented typically is <6 months; however, most are able to maintain a good quality of life for that period. Patient would always be at risk for recurrent CHF, development of arrythmias/LA tear, syncope and/or sudden death in the future.

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

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