



PATIENT

Obi Alfieri

PRESENTING CLINICAL SIGNS

History: Presented for coughing for 1 month, lethargy, and exercise intolerance. On PE heart sounded muffled with grade III/VI systolic heart murmur worse on the left side. Grain-free diet (Acana).

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild mitral regurgitation with a normal left atrial dimension. Normal LV diameter with borderline systolic dysfunction. The tricuspid valve appears thickened with a tethered septal leaflet, abnormal closure and mild tricuspid regurgitation. TR velocity consistent with early pulmonary hypertension. Mild right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and mildly elevated aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

BREED

Labrador Retriever

SEX

Male Neutered

CARDIAC CHART

AGE

1 year

WEIGHT

68.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jacque Pankatz,
DVM

HOSPITAL NAME

Mountain View
Veterinary Hospital

REFERRING VET

Dr. Pankatz

INVOICE

24527

DATE

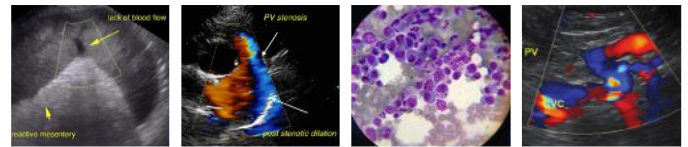
6/1/22

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	NM	3.0	1.4	1.3	27	50	0.1
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	1.7	0.9	30.9	3.1	4.4	3.2
*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

Mild abnormalities are identified, including tricuspid and mitral valve dysplasia. The TV abnormality appears more hemodynamically significant, with a more significant leak and mild chamber enlargement. Follow up is advised to screen for clinical relevance. Additionally, the systolic function is borderline, which is concerning given the diet. Highly recommend immediate diet change to a traditional option. No obvious additional issues are noted.

Given what is seen here, no medications are warranted at this time. Follow up is advised to ensure progressive cardiac chamber dilation is not noted; however, concern is relatively low.



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Even with abnormalities seen here the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc.).

SPECIES

Canine

Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

BREED

Labrador Retriever

A recheck echocardiogram is recommended in 6-12 months, sooner if any clinical signs arise.

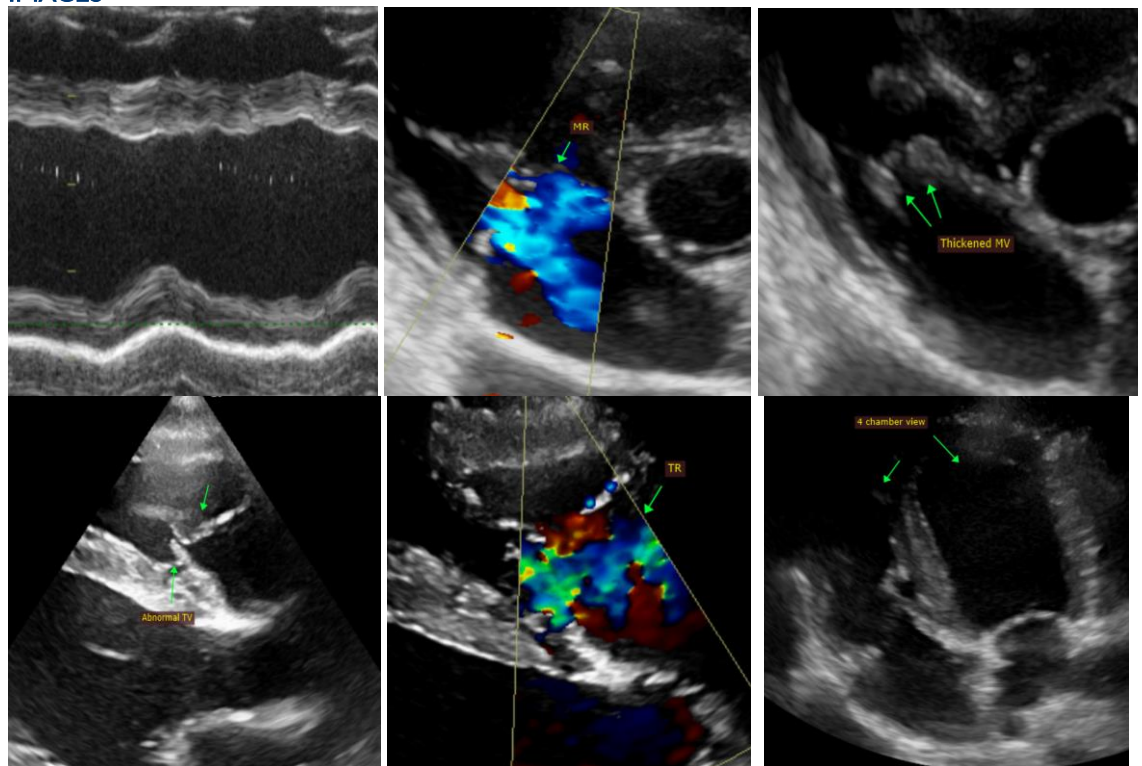
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IMAGES

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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.

REFERRING VET

Dr. Pankatz

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.

INVOICE

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