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Clinical Sonography & Telecytology
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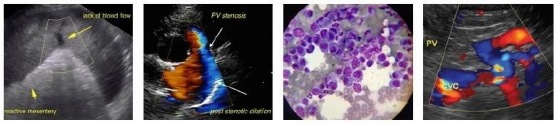

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT
Daisy Price

SPECIES
Canine

BREED
Cockapoo

SEX
Female Spayed

AGE
6.2 years

WEIGHT
22.6lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Loetitia St-Jacques, LVT/RVT

HOSPITAL NAME
Mountain View Animal Hospital

REFERRING VET
Dr. Kalivoda

INVOICE
24706

DATE
6/10/22

PRESENTING CLINICAL SIGNS

History: Progressive hemoconcentration. Previously 66%, recently 70%. Phlebotomy performed on 5/29/22. *__Sedated with dexdomitor.__

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Normal cardiac silhouette. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 10mm/mV. The average heart rate is 60bpm (range 22-94bpm). Profound sinus bradycardia throughout; pauses nearly 3 seconds in duration. No AV block identified. No escape beats noted.
ECG diagnosis: Profound sinus bradycardia with periods of sinus arrest; suspect due to sedation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Trace mitral regurgitation with a normal left atrial dimension. Normal LV diameter with depressed myocardial function. The tricuspid valve appears normal with no 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	1.5	18	30	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	0.84	0.7	10.3	2.5	3.3	2.6
*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)
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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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)

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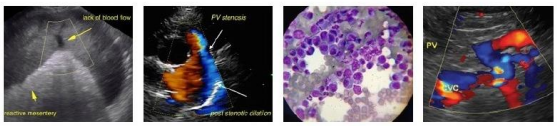

Portable Animal Western Sonography, Inc.
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

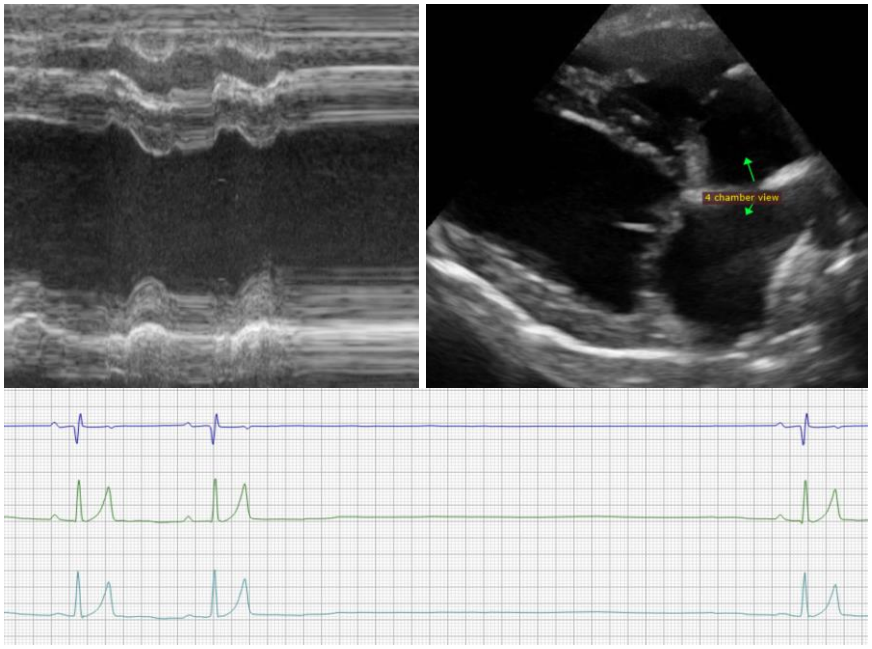
Unfortunately it is nearly impossible to accurately evaluate a patient's echo or ECG parameters using dexdomitor. In dogs specifically, the drug was shown to increase both LV diameters, lower FS and lower blood flow through the great vessels, all which are seen in this study. What is seen in this study is suspected to all be secondary to dexdomitor rather than organic disease; however, this cannot be definitively determined. Additionally the primary ECG abnormality is a profound bradycardia, which is also likely due to sedation. In this breed predisposed to sinus node dysfunction, reassessing the heart rate and rhythm without sedation is highly recommended.

Regardless, what is seen here does not explain hemoconcentration. Consultation with an IM specialists is strongly recommended.

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

Recommend reestablish a baseline if indicated. Going forward, recheck should any signs of cardiac compromise develop in the future, or a murmur be ausculted on exam.

IMAGES



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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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