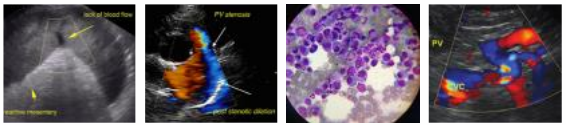
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Roxy Lambiase

SPECIES
Canine

BREED
Cocker Mix

SEX
Female Spayed

AGE
12 years

WEIGHT
17lbs

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Bush Animal Hospital

REFERRING VET
Dr. Yaeger

INVOICE
24711

DATE
6/10/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. BP: 140mmHg.
-Pertinent previous echo findings (11/2021 MML): Severe MR, marked LAE, mild LVE, mild RHE, moderate TR, mild PAH: 3.0m/s. LA: 3.4, LV: 4.4/2.3.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 10mm/mV. The average heart rate is 140bpm (range 130-166bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave is inverted suggesting atypical device orientation. The QRS morphology is positive. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with respiratory variation.

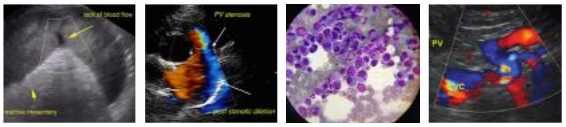
ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is thickened with minimal prolapse into the left atrial lumen. There is severe eccentric mitral regurgitation present. The MR velocity is normal. There is marked left atrial enlargement. There is moderate left ventricular dilation. Left ventricular systolic function is hyperdynamic. Mild right atrial and ventricular dilation (subjective). Mild thickening of the tricuspid valve with mild TR. Velocity consistent with early pulmonary hypertension. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. The main pulmonary artery is normal in diameter. Trace aortic insufficiency. The pulmonic valve is normal in appearance. No pericardial/pleural effusion or cardiac masses are seen.

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	6.2	3.0	2.2	2.2	45	86	1.2
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	120	2.5	1.5	7.7	3.3	4.9	2.7
*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)
				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)

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



PATIENT
Roxy Lambiase

SPECIES
Canine

BREED
Cocker Mix

SEX
Female Spayed

AGE
12 years

WEIGHT
17lbs

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Bush Animal Hospital

REFERRING VET
Dr. Yaeger

INVOICE
24711

DATE
6/10/22

Clin North Am 15:1177, 1995	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

Persistently stable disease is identified in this study. The MR is similar to previous with unchanged LA dilation. The LV is progressively more dilated and should be monitored going forward. Additionally, a small aortic leak is noted; however, the reported blood pressure is normal. No additional issues are identified with stable pulmonary pressures. The ECG is unremarkable with a normal sinus rhythm.

Given these findings, continue 3 medications as previously recommended (none mentioned in the history). In the absence of clinical signs, no obvious indication for Lasix therapy. That being said, close monitoring is advised for signs of decompensation.

Prognosis remains guarded at this stage (late B2). Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.

Elective anesthesia is not advised.

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit.

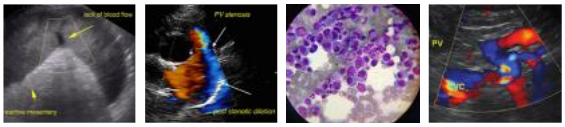
PLAN

A screening BP is recommended every 6 months. Continue Spironolactone, Enalapril and Pimobendan as previously recommended. If any change in breathing develops at home, immediate institution of Lasix 1-2mg/kg PO q12h is recommended.

Monitor renal values every 3-4 months lifelong to ensure tolerance of medications.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Roxy Lambiase

SPECIES
Canine

BREED
Cocker Mix

SEX
Female Spayed

AGE
12 years

WEIGHT
17lbs

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

IMAGING PERFORMED BY
Sara Hansen

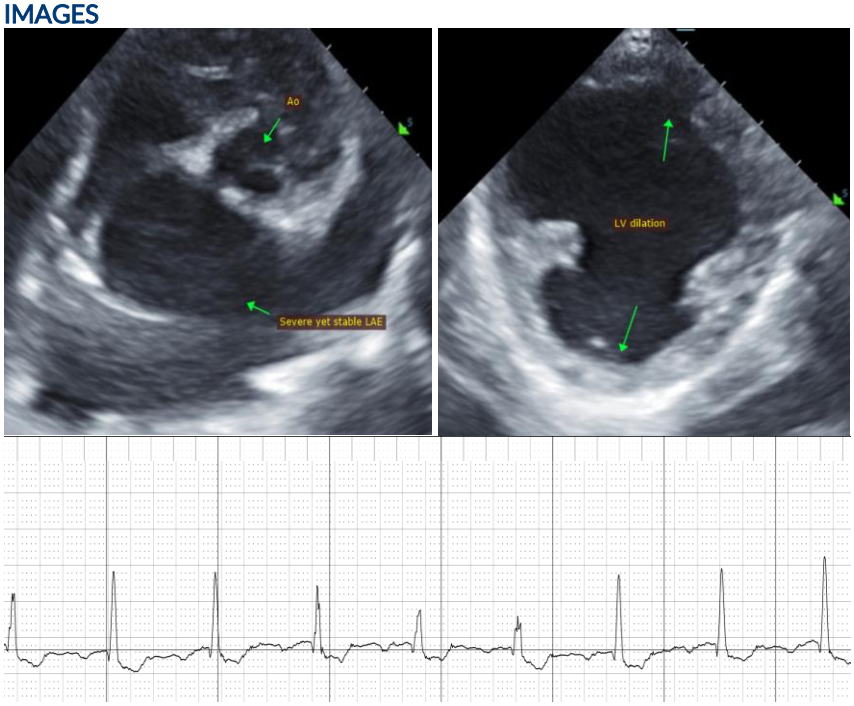
HOSPITAL NAME
Bush Animal Hospital

REFERRING VET
Dr. Yaeger

INVOICE
24711

DATE
6/10/22

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)
info@sonopath.com