


PATIENT

 Holly Burlington
 Humane Society

PRESENTING CLINICAL SIGNS

History: Heartworm and Lyme positive. Planning the split protocol. Started on Doxycycline, Prednisone and Interceptor. No symptoms mentioned; however, provided history is brief.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild mitral valve thickening with no obvious prolapse into the left atrial lumen. No mitral regurgitation; normal left atrial dimension. Normal LV diameter with adequate myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function with no obvious TR. The right atrium and ventricle appear normal. No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal LVOT and RVOT velocity. No aortic or pulmonic insufficiency. Normal MPA dimension. The peripheral branches are not visualized. No obvious adult worms seen. No pericardial or pleural effusion noted. No obvious cardiac tumors seen.

BREED

Beagle Mix

SEX

Female Intact

CARDIAC CHART
AGE

4 years

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	1.2	1.1	36	70	0.4
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	106	1.0	0.9	15.0	2.4	3.3	2.1
*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)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

 Burlington Humane
 Society

REFERRING VET

Dr. Hall

INVOICE

24797

DATE

6/15/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function documented in this study with no obvious significant PAH. There is no significant valvular regurgitation or chamber enlargement noted. The MPA and branches are normal in dimension; however, the branches are poorly visualized. It is important to note that ultrasound is not 100% sensitive for finding adult worms (particularly with poor visualization), although suspicion is low in a dog without associated clinical signs (cough, exertional syncope).



PATIENT

Holly Burlington
Humane Society

SPECIES

Canine

BREED

Beagle Mix

SEX

Female Intact

AGE

4 years

WEIGHT

33.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Kelly Reschny, RVT

HOSPITAL NAME

Burlington Humane
Society

REFERRING VET

Dr. Hall

INVOICE

24797

DATE

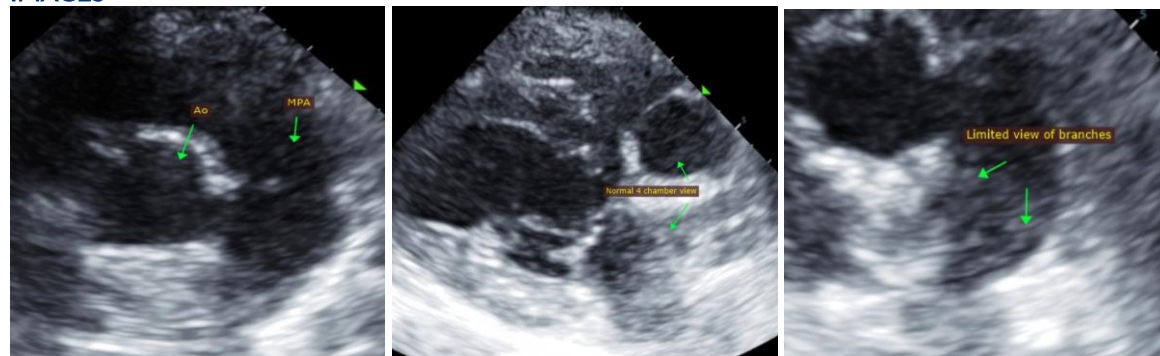
6/15/22

There is no obvious contraindication for Immiticide therapy with a presumably low adult worm burden. Confirming the diagnosis followed by the split immiticide protocol is recommended as dictated by the American Heartworm Society (www.heartwormsociety.org), including 30 days of doxycycline and monthly Ivermectin. Strict cage rest required at least until 4-6 weeks following the final treatment. Unless the patient is symptomatic, prednisone can be safely weaned and discontinued.

If treatment is successful, good chance for no long-term issues associated with HW disease (cough, pulmonary hypertension, pulmonary damage, etc.) given a normal cardiac structure and lack of clinical signs.

Follow up echocardiography is only necessary if clinical signs of cardiac disease develop (murmur, cough, fainting, etc.).

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