



PATIENT

Lola Keef

PRESENTING CLINICAL SIGNS

History: History of splenic hemangiosarcoma (3-2020).

SPECIES

Canine

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 10mm/mV. The average heart rate is 90bpm (range 62-125bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.

BREED

Pitbull Mix

ECG diagnosis: Profound respiratory sinus arrhythmia.

SEX

Female Spayed

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of the MV leaflets with no prolapsing into the LA lumen. No mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. Hyperechoic lesion associated with the anterior TV leaflet (see below). No tricuspid regurgitation. No significant right atrial and ventricular enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

AGE

11.2 years

WEIGHT

84lbs

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

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	1.2	30	59	0.5	
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	1.6	1.0	38.1	3.3	3.9	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)
<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

Loetitia St-Jacques,
 LVT/RVT

HOSPITAL NAME

MountainView
 Animal Hospital

REFERRING VET

Dr. Kalivoda

INVOICE

24840

DATE

6/16/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. Of note, there is a highly unusual hyperechoic lesion seen that appears adhered to or stemming from the anterior leaflet of the TV valve. This is not visible from all views and relevance is unclear. Differentials include a vegetative lesion



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(unlikely), small tumor, thrombus, or normal atypical structure/degeneration. This must be interpreted in light of a history of HSA, as cardiac metastasis typically does occur associated with the right heart. That being said, a valvular lesion would be extremely uncommon (most metastatic issues are associated with the external surface of the RA). No additional issues are noted at this time and the ECG is unremarkable.

Pending abdominal ultrasound results, there are 2 options going forward. If there is abdominal pathology present or concerning, referral to a multi-specialty center should be considered. If the abdomen is clear however, simple follow up is advised as a true neoplasia would be expected to increase in size in the short term.

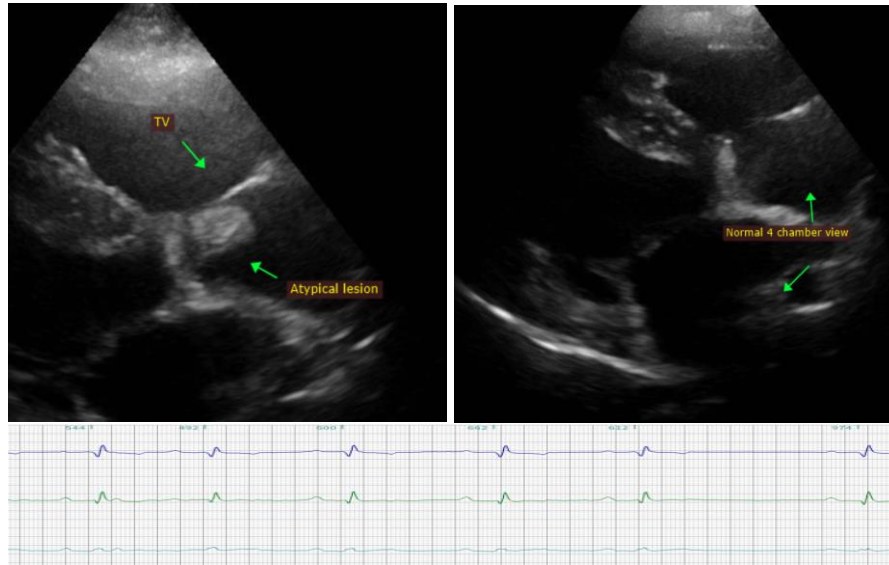
At this time, no medications are clearly indicated. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

Consider referral if abdominal pathology or concerns for multi-focal issues.

Alternatively, reassess TV lesion in 2-3 months.

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.

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