



PATIENT

Jack Carey

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Intact

AGE

10 years

WEIGHT

72lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Sara Hanson

HOSPITAL NAME

Countryside Animal
 Clinic

REFERRING VET

Dr. Cox

PRESENTING CLINICAL SIGNS

History: Weight loss. BNP elevated: 1735, remainder of labs are NSF. Borderline TT4 (1.0).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trace mitral regurgitation with no left atrial dilation. Normal LV diameter with borderline myocardial function. The tricuspid valve appears normal with trivial 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. Occasional premature beats are noted.

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	NM	NA	NM	1.0	27	50	0.7
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	1.3	1.1	32.7	2.2	4.9	3.6
*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)
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 Clin North Am 15:1177, 1995				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

The cardiac structure and function in this patient is overtly normal. It is worth noting that the systolic function is borderline for this signalment, and monitoring may be reasonable going forward. No additional issues are identified. Occasional premature beats are noted, and an ECG is recommended.

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DATE

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No obvious reason for NT-ProBNP elevation is seen, most likely making this a false positive result (a known weakness of the test). Other possible causes should be considered, including systemic hypertension (lab work normal) or renal disease. It is also worth mentioning that this particular breed was recently shown to have the potential for an elevated BNP without obvious cause. If no obvious cause is identified, reassessing this patient in 6-12 months is recommended to ensure early disease was not missed.

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Canine

BREED

Labrador Retriever

No cardiac contribution for panting is suspected. Consider other possibilities, such as Cushing's, systemic illness, etc.

SEX

Male Intact

No cardiac medications are indicated at this time. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

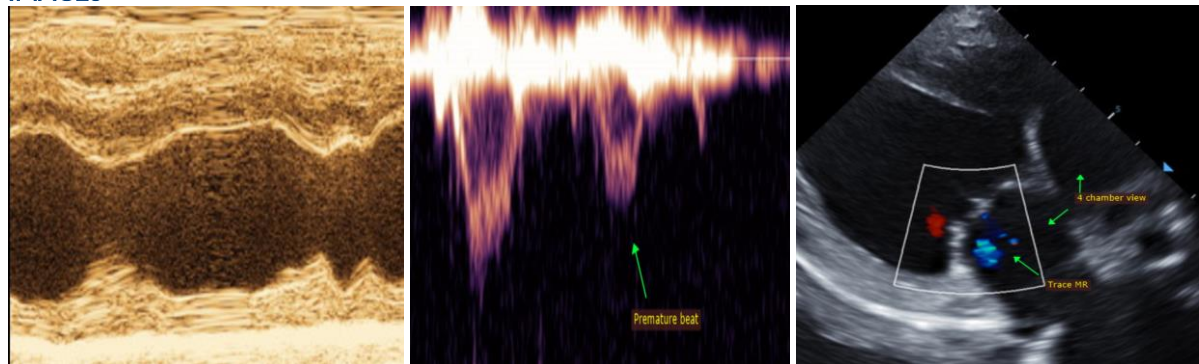
No cardiac contraindication for general anesthesia.

AGE

10 years

A recheck is recommended in 6-12 months to ensure no progressive issues are identified, sooner should a murmur or any clinical signs of cardiac compromise be noted at home.

IMAGES



WEIGHT

72lbs

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Lamy, DVM, DACVIM
(Cardiology)

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.

**IMAGING
PERFORMED BY**

Sara Hanson

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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.

REFERRING VET

Dr. Cox

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