



PATIENT

Remington Nelson

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Male Neutered

AGE

1.5 years

WEIGHT

73.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Fitz

INVOICE

24854

DATE

6/18/22

PRESENTING CLINICAL SIGNS

History: Coughing up blood and mucus when running excessively. Occasional vomiting.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
No significant cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. No mitral regurgitation with no left atrial dilation. Normal LV diameter with borderline myocardial function. The tricuspid valve appears normal with no obvious 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	1.2	27	50	0.58
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	1.4	0.85	33.2	3.0	4.1	3.0
*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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac dimensions and function, with no significant dysfunction or dilation of the left heart. The systolic function is borderline for this signalment and should be monitored going forward. Consider possible contributing factors, such as an atypical diet or hyperthyroidism. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension.

No cardiac medications are indicated at this time as the cough appears non-cardiac in origin. Continued work up for infectious/inflammatory respiratory causes is recommended. Options

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PATIENT

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include Baytril or similar antibiotic, anti-inflammatory prednisone, aggressive hydrocodone, etc. If refractory, may consider TTW/BAL for further information. A reasonable next step would be a Radiologist review of the chest radiographs.

SPECIES

Canine

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

BREED

Pitbull Terrier

Chronic respiratory issues can lead to pulmonary hypertension if poorly controlled. If the patient does well, a recheck echocardiogram is recommended in 6-12 months to screen for any progressive dysfunction.

SEX

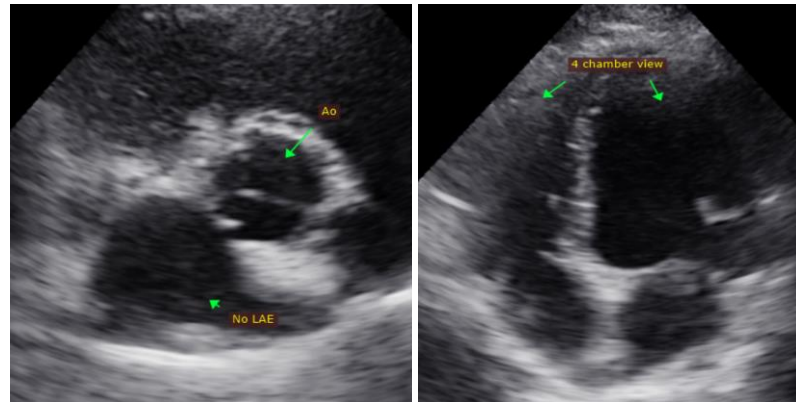
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IMAGES**INTERPRETED BY**

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(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

Amy Mayhew, LVT

Thank you for this referral. 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
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