



PATIENT

Beckly Wilcox

SPECIES

Canine

BREED

Boder Collie Mix

SEX

Male Neutered

AGE

7 years

WEIGHT

61lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sands Hill Mobile
Veterinary Ultrasound

HOSPITAL NAME

Surf City Animal
Hospital

REFERRING VET

Dr. Wick

INVOICE

24532

DATE

6/2/22

PRESENTING CLINICAL SIGNS

History: Presented for dyspnea and wheezing. Acute respiratory distress after owners arrived home from. X-rays-suspicious for a left caudal lung mass, superficial lipoma in left caudal thorax as well. No murmur, no wheeze on auscultation.

-Abnormal PE/Chem/CBC/UA Results: Labs WNL.

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 adequate myocardial function. The tricuspid valve appears normal with no 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 | NM | NA | 1.0l | 1.2 | 37 | 68 | NM |
| 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 | 130 | 1.14 | 0.85 | 27.7 | 2.5 | 4.1 | 2.4 |
| *Normal chamber parameters expressed as a mean value (SD) | | | | | | | |
| BODY WEIGHT DEPENDENT PARAMETERS | | | | | | | |
| <i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> | | | | | | | |
| | 3 | 1.27 (5.3) | 2.46 (2.46) | 1.36 (5.5) | | | |
| | 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) | | | |
| | 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 obvious dysfunction or dilation of the left heart. Trace MR is noted, which is considered physiologic at this time. Follow up is advised should a murmur be ausculted in the future. No significant valvular leaks are visualized, and no obvious evidence of pulmonary hypertension.

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



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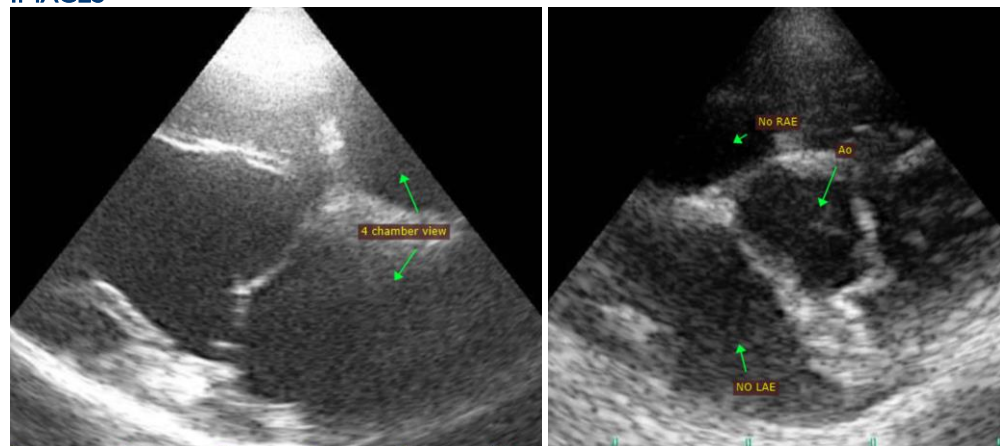
6/2/22

There is noted concern for a pulmonary mass on the CXR. If not already performed, a Radiologist review of the films is strongly recommended, followed by evaluation of focused thoracic ultrasound, possible advanced imaging such as a CT scan, etc. Pulmonary evaluation is outside the scope of an Echocardiogram, and abnormalities remain a possibility. If a mass is ruled out, consider further empiric treatment of respiratory signs including Baytril or similar antibiotic, anti-inflammatory prednisone, hydrocodone, etc. If refractory, may consider TTW/BAL for further information.

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

Chronic respiratory issues can lead to pulmonary hypertension if poorly controlled and a recheck echocardiogram is recommended should any exertional syncope/dyspnea occur, or a murmur be noted in the future.

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
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