



PATIENT

Canyon Drennan

PRESENTING CLINICAL SIGNS

History: History of heartworm, was treated (last inj done in December).
-Sedation: Midazolam and torbugesic; propofol IV.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Trivial mitral regurgitation with no left atrial dilation. Normal LV diameter with low normal systolic function. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of significant 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 and trace pulmonic insufficiency. No obvious heartworms seen in the right heart, MPA or peripheral branches. No pericardial or pleural effusion noted. No obvious cardiac masses.

BREED

Husky Mix

SEX

Female

AGE

4 years

CARDIAC CHART

WEIGHT

35lbs

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	2.0	1.0	1.2	27	51	0.33
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	0.7	0.73	15.9	2.1	3.3	2.4
*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)

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Anicura Veterinary Clinic

REFERRING VET

Dr. Jarrett

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. No significant valvular leaks are visualized, and no evidence of obvious pulmonary hypertension. No obvious residual or active damage from the prior HW infestation is appreciated.

INVOICE

24922

No cardiac medications are indicated at this time. As this patient ages, a history of heartworm disease can manifest as chronic lung damage. Monitor for development of a cough and/or labored breathing. If this develops, this should be treated similar to lower airway disease/COPD

DATE

6/22/22



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with Hydrocodone, Theophylline, etc. as needed. Development of respiratory disease can lead to development of PAH over time. Symptoms of this include exertional collapse or dyspnea.

SPECIES

Canine

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

No cardiac contraindication for general anesthesia.

BREED

Husky Mix

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.

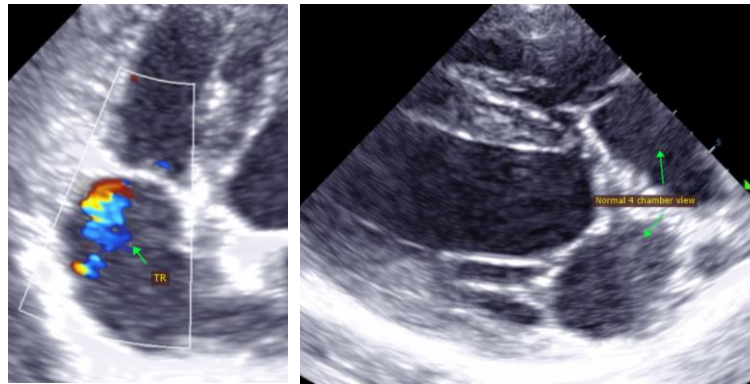
SEX

Female

IMAGES

AGE

4 years



WEIGHT

35lbs

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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

Potomac Mobile
Veterinary Ultrasound

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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Clinic

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