



PATIENT

Batman Krellwitz

SPECIES

Canine

BREED

Boston Terrier

SEX

Male Neutered

AGE

7.4 years

WEIGHT

24lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Khatter

INVOICE

24986

DATE

6/24/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 2-3/6 heart murmur.

-Current medications: Pimobendan 2.5mg PO BID.

-Pertinent previous echo findings (6/2021 MML): Mild MR, mild LAE, moderate LVE with depressed myocardial function, trace TR. LA: 2.6, LV: 4.0/3.0, FS: 25%. Was on a grain-free diet at the time.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with mild LA dilation. Moderately increased LV diameter with increased sphericity and mildly decreased myocardial function. The tricuspid valve appears normal with mild tricuspid regurgitation. Normal velocity. Normal right heart. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. The aortic root is mildly dilated. No 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	2.4	1.5	1.57	23	46	0.62
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	110	1.1	0.7	10.9	2.5	3.9	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

Chronic degenerative valve disease persists with relative stability. Mild mitral and tricuspid regurgitation are similar to previous with mild left atrial enlargement. The LV remains more significantly affected, with dilation and mild dysfunction. Comparatively there is no evidence of progression; however, there is no significant improvement with the diet change either. No additional issues are identified.

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Assuming the diet was changed and Taurine supplemented, this would suggest a primary myocardial issues with this patient. This is quite uncommon in this breed; however, what can be said is there is no significant progression seen. Continue Taurine supplementation as previously recommended on the off chance of a malabsorption issue. No obvious indication for additional medications as this time.

SPECIES

Canine

Prognosis remains guarded at this stage (B1/B2). Patient will always be at risk for progression to CHF, development of arrhythmias and/or sudden death in the future.

BREED

Boston Terrier

Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

SEX

Male Neutered

Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene, as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

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PLAN

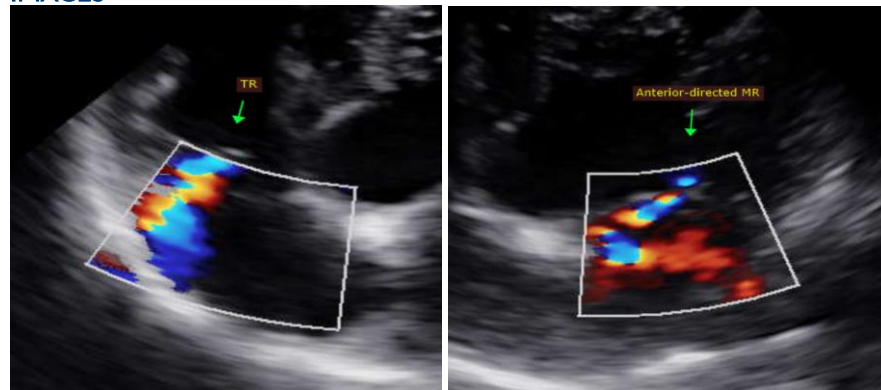
Recommend Taurine supplement as previously discussed. Continue Pimobendan as prescribed. Baseline BP every 6-12 months.

INTERPRETED BYMaggie Machen Lamy,
DVM, DACVIM
(Cardiology)

Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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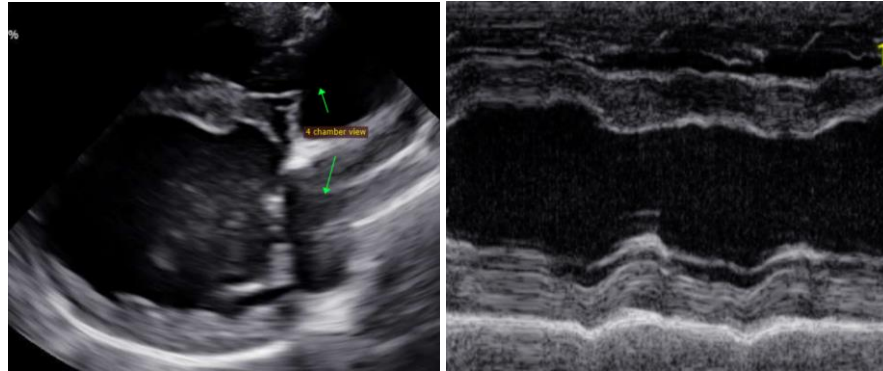
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. 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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