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Clinical Sonography & Telecytology
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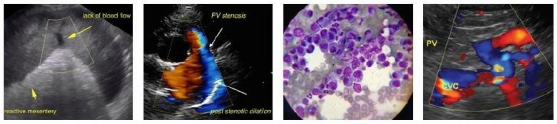

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT
Janis Joplen Wilson

SPECIES
Canine

BREED
Lab Retriever

SEX
Female Spayed

AGE
8 years

WEIGHT
69lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Loetitia St-Jacques, LVT/RVT

HOSPITAL NAME
Pinion Veterinary Hospital

REFERRING VET
Dr. Jackson

INVOICE
31591

DATE
6/27/23

PRESENTING CLINICAL SIGNS

History: Recently diagnosed with APCs. On a grain-free diet that has been changed. No heart murmur. Assess prior to travel. Using Trazadone.
-Abnormal PE/Chem/CBC/UA Results: ALT 197, TRIGLYCERIDE 214 CREATINE KINASE 582

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 10mm/mV. The average heart rate is 100bpm (range 75-125bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. Isolated APCS throughout. No VPCs, extended pauses or other dysrhythmias observed.
ECG diagnosis: Sinus bradycardia with respiratory variation. Isolated APCs.

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 a normal left atrial dimension. Normal LV diameter with borderline 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 and trace 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	2.2	NM	1.3	26	52	1.0
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	82	1.3	0.8	31.1	2.9	4.3	3.2
*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)
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*				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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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)

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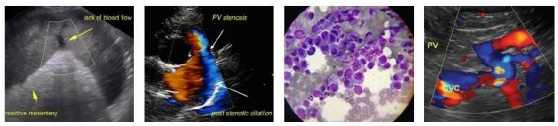

Portable Animal Western Sonography, Inc.
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. The systolic function is considered borderline, which may be a normal variant or secondary to the prior diet. Follow is recommended. No significant valvular leaks are appreciated and the remainder of the study is unremarkable.

The ECG does show persistent APCs. Only single beats are identified and antiarrhythmic therapy is not indicated. Given a lack of structural disease, these may be primary in origin or may be secondary to systemic illness. Full systemic evaluation may be warranted. A holter monitor should be considered, particularly if any syncope develops in the future.

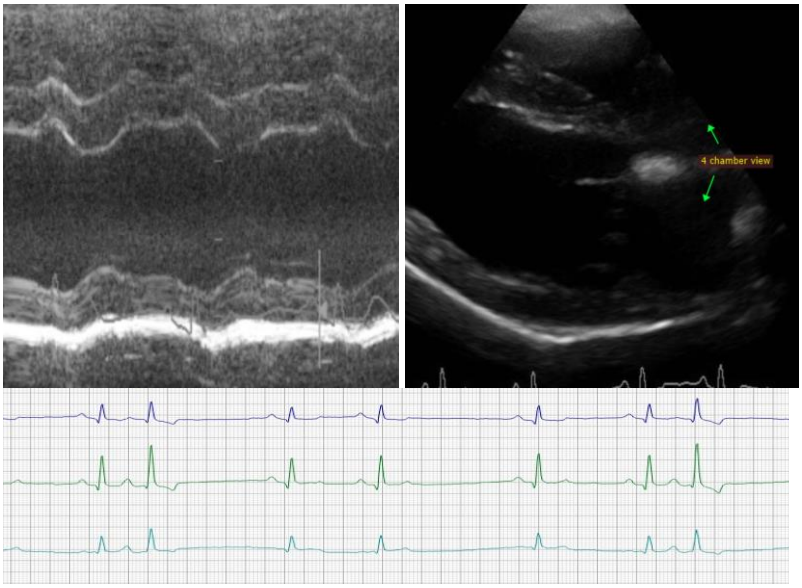
Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes. Reasonable to utilize Trazadone or Gabapentin for travel.

PLAN

Consider a holter monitor as discussed. Systemic evaluation as discussed.

A recheck echocardiogram and ECG are recommended in 1 year to ensure no progressive systolic dysfunction is identified.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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