



PATIENT

Basil Sturton

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Male Neutered

AGE

8.2 years

WEIGHT

42.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Brian Barnes, DVM

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr. Barnes

PRESENTING CLINICAL SIGNS

History: History of intermittent vomiting. Decreased appetite and weight loss. Elevated ProBNP: 1165. BP: 169mmhg.

-Sedation: Ace and Torb.

-CXR report: Thorax NSF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. Trace mitral regurgitation with normal left atrial dimension. Normal MR velocity. No LV dilation with depressed myocardial function. The tricuspid valve appears normal with trace 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 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	4.5		1.0	1.3	22	40	0.7
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		0.8	0.5	19.3	2.2	3.6	2.8
*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

The only abnormality identified is moderate LV dysfunction. This is highly concerning in an atypical breed and should be monitored for progression. No significant LA or LV dilation is noted, indicating the disease is well compensated for at this time. Trace MR and TR may reflect early valve disease or may be physiologic in origin. Follow up is advised. No additional issues are identified. It worth noting that the patient is sedated for the exam. While these are considered relatively cardio-productive medications, a brief LV check without sedation may be reasonable to

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establish a true baseline. While a dramatic improvement is not expected, some degree of fractional shortening can be impacted by heart rate alone.

SPECIES

Canine

Given the recent evidence of grain free/boutique diets leading to DCM in some (but certainly not all) dogs, highly recommend a thorough diet history in this patient. If grain free, exotic ingredient or boutique brand (BEG), recommend immediate change to a more standard well formulated diet. Recommend a taurine supplement regardless of diet on the off chance of a malabsorption issue. Consider screening for ancillary issues, such as hypothyroidism.

BREED

Australian Cattle Dog

Monitor for development for 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

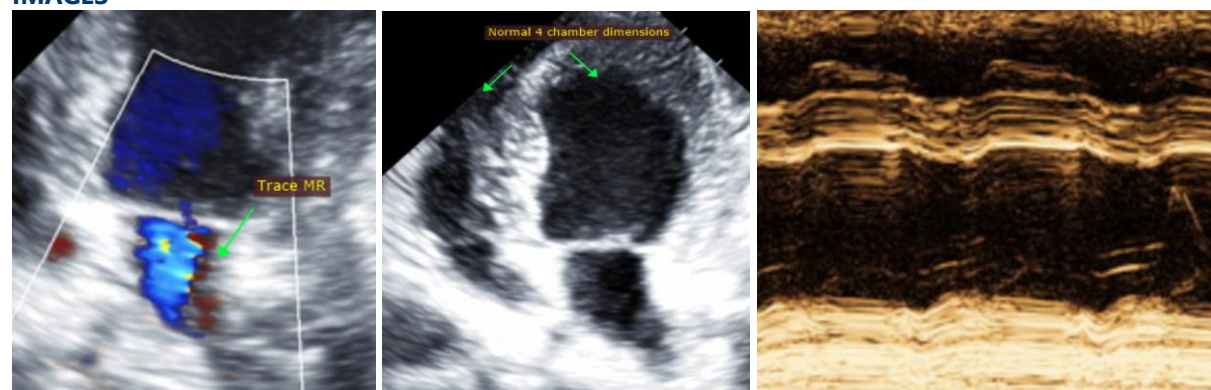
Consider diet history, thyroid status as discussed. Institute Taurine supplement 1000mg PO q12h. Consider a brief recheck of LV function without sedation to establish a baseline.

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Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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

IMAGES



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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.

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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.



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Maggie Machen Lamy, DVM

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