



PATIENT

Banks Varga

SPECIES

Canine

BREED

Dachshund Mix

SEX

Male Neutered

AGE

4.11 years

WEIGHT

12.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Emily Kalenius, DVM

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Kalenius

PRESENTING CLINICAL SIGNS

History: Recheck echo. Currently doing well. No murmur ausculted on exam.

-Current medications: Sotalol 10mg/ml suspension 1mL BID, Zyrtec 5mg SID.

-Pertinent previous echo findings (7/2021 KA): Initially diagnosed with HOCM. Collapsed with Atenolol and Sotalol was utilized. No collapse since. Most recent echo: no LAE, moderate LVH (0.93/1.0cm), no LVOTO/SAM.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied (0.94/0.95cm globally). There is a mildly hyperechoic endocardium. Papillary muscles are mildly hypertrophied. The left atrium is normal. The right atrium is normal in size. The right ventricle appears normal. The anterior leaflet of the mitral valve appears thickened. No LVOTO is appreciated on 2D and color flow or Spectral imaging. There is trace/mild mitral regurgitation. No tricuspid regurgitation. Blood flow through the LVOT and RVOT is normal in velocity. Trace aortic and no pulmonic insufficiency noted. No evidence of cardiac tumors or metastatic lesions on this scan. No pleural or pericardial effusion seen.

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	1.5	1.4	37	70	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	160	1.6	1.6	5.54	1.4	2.1	1.2
*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)
<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)
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)

INVOICE

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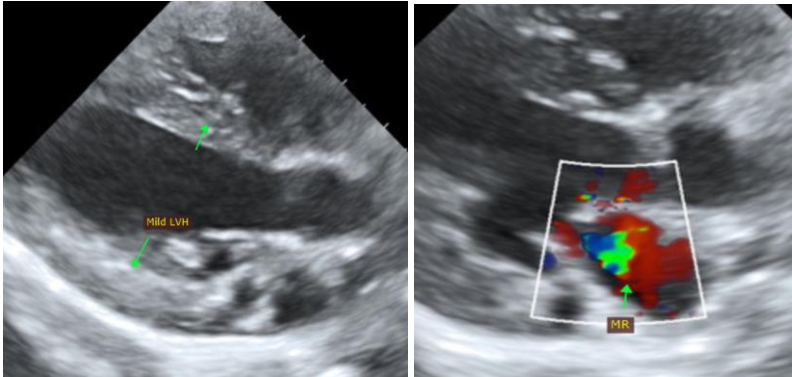
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are similar to the prior study with only mild LV hypertrophy present. No obstructive component is seen here, which suggests good control on current Sotalol dosage. A small mitral leak is noted, and the left atrium remains normal. These findings likely reflect a primary mitral valve dysplasia, leading to the prior diagnosis of HOCM. Regardless, what is seen here is mild and reflects good control.



PATIENT	Given these findings, continue Sotalol is recommended as prescribed. The heart rate appears relatively stable, and the patient is doing well at home. Life-long activity restriction is advised.
Banks Varga	
SPECIES	Monitor at home for any respiratory signs or clinical lethargy/collapse. Prognosis is guarded long term, as development of chronic degenerative valve disease would be detrimental in this patient. Follow up is advised with annual reevaluation. Patient will always be at risk for collapse, left-sided CHF and/or sudden death going forward.
Canine	
BREED	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.
Dachshund Mix	
SEX	
Male Neutered	
AGE	PLAN
4.11 years	Continue Sotalol as previously prescribed.
	Recommend recheck echocardiogram annually, sooner if clinical signs arise.
WEIGHT	IMAGES
12.2lbs	
INTERPRETED BY	
Maggie Machen Lamy, DVM, DACVIM (Cardiology)	
IMAGING PERFORMED BY	
Emily Kalenius, DVM	
HOSPITAL NAME	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.
Wilvet Salem	
REFERRING VET	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.
Dr. Kalenius	
INVOICE	Maggie Machen Lamy, DVM Diplomate of the American College of Veterinary Internal Medicine (Cardiology) info@sonopath.com
24579	
DATE	
6/4/22	