



PATIENT PRESENTING CLINICAL SIGNS

Baya Newton

History: Polyphagia. Huffing breathing pattern. Grade 1/6 systolic murmur.

SPECIES ECHOCARDIOGRAM FINDINGS

Canine

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Mild mitral regurgitation with no left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with mild tricuspid regurgitation. Normal velocity. 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 or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

BREED

Weimaraner

SEX

Female Spayed

AGE

10 years

WEIGHT

80.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Alburtis AH

REFERRING VET

Dr. Smith

INVOICE

31919

DATE

7/18/23

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	5.1	2.5	NM	1.3	42	73	0.3
CANINE CARDIAC PARAMETERS	HR (BP M)	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	100	1.5	1.2	36.7	2.7	4.7	2.7
*Normal chamber parameters expressed as a mean value				3	1.27	2.46	1.36
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40	2.74	1.60
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				10	1.50	3.27	2.06
				15	1.83	3.71	2.43
				20	2.02	4.14	2.80
				25	2.18	4.48	3.10
				30	2.33	4.83	3.39
				35	2.48	5.17	3.69
				40	2.62	5.48	3.96
				50	2.88	6.07	4.46
Adapted from June Boon, Veterinary Echocardiography, 1998							
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435							
Hansson et al, Vet Rad and Ultrasound 2002							
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing mild mitral and tricuspid regurgitation. Lack of left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study. No evidence of familial DCM at this time.

No cardiac cause for respiratory abnormalities is identified in this study. Baseline CXR are strongly recommended.



PATIENT

Baya Newton

In a dog with no significant left atrial enlargement, no cardiac medications are clearly indicated. Omega fatty acid supplementation and mild salt restriction may be of some long term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

SPECIES

Canine

Anesthetic risk is considered mild. 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.

BREED

Weimaraner

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

SEX

Female Spayed

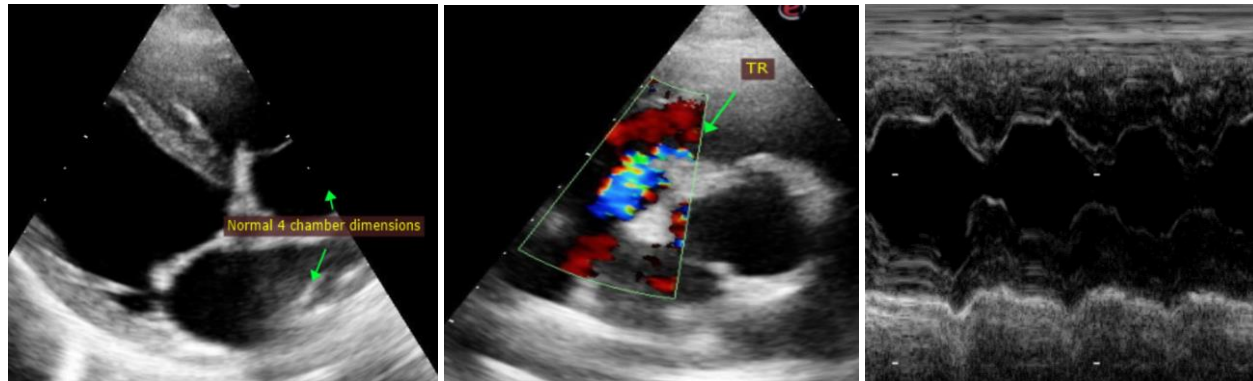
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IMAGES



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(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.

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
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