

PATIENT **PRESENTING CLINICAL SIGNS**
 Lobo Wolf History: Pre-surgical scan for left 5th digit amputation. Grade 3/6 murmur left sided PMI noted in June. On Carprofen.

SPECIES **RADIOGRAPHIC FINDINGS** *NOTE: Images submitted for supplemental cardiac information only.
 Canine A single lateral film is included. No cardiomegaly. No obvious evidence of CHF.

BREED **ECHOCARDIOGRAM FINDINGS**
 Airdale Terrier 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 eccentric mitral regurgitation with no left atrial dilation. Normal MR velocity. Normal LV diameter with adequate 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 obvious aortic and no pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

SEX
 Male Neutered

AGE
 11 years

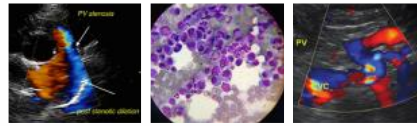
CARDIAC CHART

WEIGHT	CANINE CARDIAC PARAMETERS		MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
	56.4lbs	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
INTERPRETED BY	PATIENT	5.5	NM	NM	1.3	36	66	0.25	
Maggie Machen Lamy, DVM, DACVIM (Cardiology)	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	
Rebekah Jakum, CVT ARDMS/RVT	PATIENT	120	1.6	1.2	25.6	2.4	4.2	2.7	
	*Normal chamber parameters expressed as a mean value (SD)					3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
HOSPITAL NAME Alburtis Animal Hospital	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)
	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					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)

INVOICE **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
 25403 Chronic degenerative valve disease causing mild mitral and trace 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.

DATE
 7/19/22 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.

REFERRING VET
 Dr. Smith



PATIENT

Lobo Wolf

SPECIES

Canine

BREED

Airdale Terrier

SEX

Male Neutered

AGE

11 years

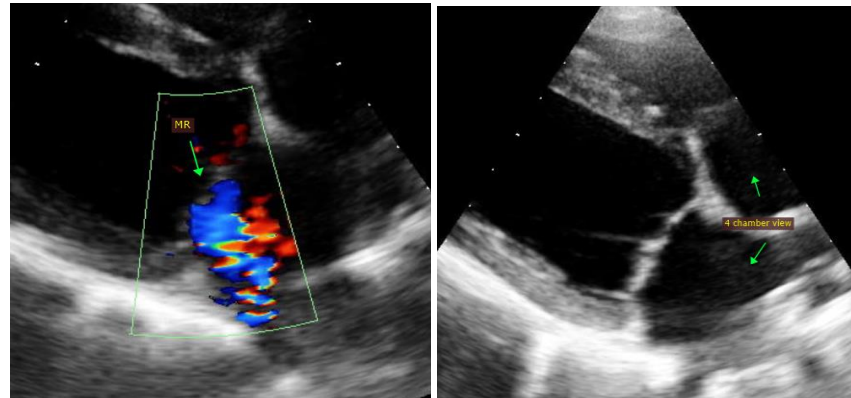
WEIGHT

56.4lbs

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.

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

IMAGES



INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(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. 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.

IMAGING PERFORMED BY

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ARDMS/RVT

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HOSPITAL NAME

Alburtis Animal
Hospital

REFERRING VET

Dr. Smith

INVOICE

25403

DATE

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