



PATIENT

Bachi Canadian Guide
Dogs for the Blind

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

11 years

WEIGHT

38.3kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Nigel Gumley, DVM

HOSPITAL NAME

Cedarview Animal
Hospital

REFERRING VET

Dr. Gumley

INVOICE

31949

DATE

7/20/23

PRESENTING CLINICAL SIGNS

History: Arrhythmia and frequent VPCs noted on preanesthetic ECG. BP: 132, 127, 124, 142mmHG.
-Abnormal PE/Chem/CBC/UA Results: CBC normal except Hct = 0.37, mild neutropenia (2.7), WBC = 5.3; chemistries ALP = 375, chol high at 9.86, rest normal. Urine sp gr = 1.017, 1+ protein; UPC = 0.4.
-Radiographs: Normal; splenic exam shows small hypochoic nodules in spleen but noticed in May also, no change.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Trace mitral regurgitation with normal left atrial dimension. 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. Trace pulmonic insufficiency. No aortic 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	NM	NM	1.3	32	61	0.35
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	94	1.4	0.82	38.3	3.3	3.9	2.7
*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

Overtly normal cardiac structure and function. Trace MR and TR are noted, which may reflect early valve disease or may simply be physiologic in origin. Follow up is advised should a murmur be noted in the future. No significant valve leaks are appreciated, and cardiac dimensions and function are normal. No cardiac tumors are identified; however, it should be noted that small masses are easily



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missed on routine ultrasound and advanced diagnostics (thoracic CT) are often indicated if clinical suspicion arises.

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No structural cause for the VPC's is identified in this study. Primary arrhythmic issues versus development secondary to systemic illness should both be considered. Treatment and follow up for VPCs should be based upon ECG results and report. It is worth noting that VPCs are noted throughout the study. There also appears to be periodic 2nd AV block, which may warrant further evaluation.

BREED

Golden Retriever

From a structural standpoint no contraindication for general anesthesia; however, the arrhythmia must also be considered.

SEX

Male Neutered

Monitor at home for collapse, exercise intolerance, and/or lethargy.

AGE

11 years

Recommend recheck echocardiogram should a murmur or signs of cardiac compromise develop in the future.

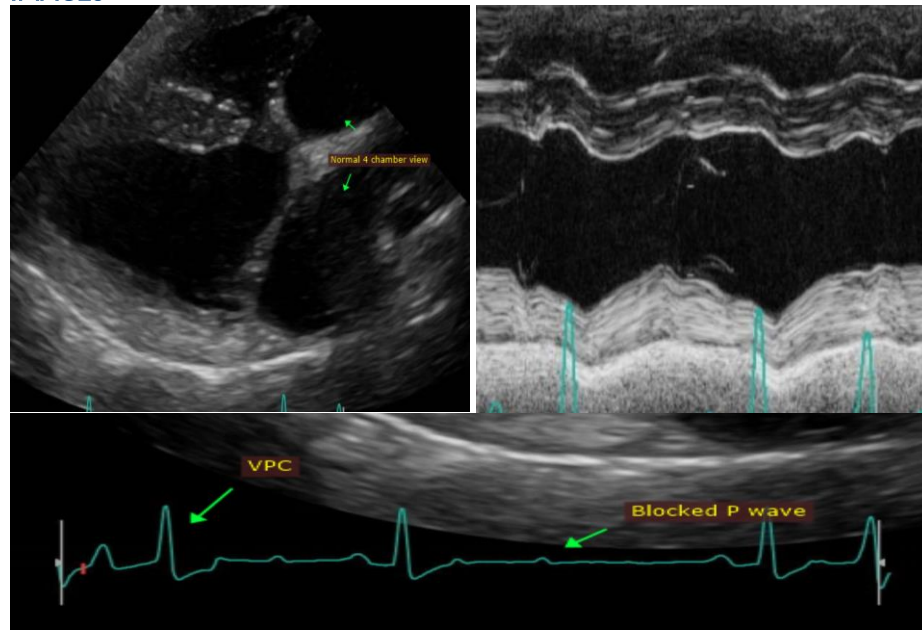
WEIGHT

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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.

IMAGING PERFORMED BY

Nigel Gumley, DVM

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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