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Pet Animal Ultrasound Service
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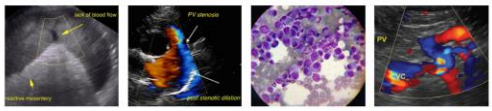


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Scarlett Beest

SPECIES
Canine

BREED
Dachshund

SEX
Female Spayed

AGE
9 years

WEIGHT
13.1lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wignall Animal Hospital

REFERRING VET
Dr. Thomas

INVOICE
25587

DATE
7/28/22

PRESENTING CLINICAL SIGNS

History: Increased panting. Hypertension with proteinuria - r/o primary vs secondary. Intermittent arrhythmia. BP today: 190mmHg x 3. On Enalapril 2.5mg, 1 tab BID

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 188bpm with a regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed in 4+ minutes of monitoring.
ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. No MR.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity depending on heart rate; laminar flow. No aortic insufficiency.
Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: Normal RA dimension.
Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	1.5
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.7
LVID diastole (cm)	2.3
PW thickness (cm)	0.7
LVID systole (cm)	1.2
FS (%)	46

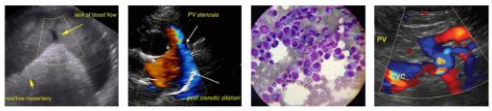
Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. The overall dimensions are normal with no evidence of significant structural disease. Follow up is advised should a murmur be ausculted in the future. No additional issues are identified.

The ECG is also normal with a persistent sinus tachycardia. If these findings do not reflect what was ausculted on exam (i.e., premature beats), a longer recording or potentially a holter monitor may be necessary.



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No evidence of chronic systemic hypertension is seen in this study, such as LV hypertrophy. The blood pressure remains persistently elevated and should be reassessed as more aggressive vasodilation may be warranted. Often Amlodpine is necessary in addition to Enalapril, depending on serial results. Consultation with an IM Specialist may be beneficial.

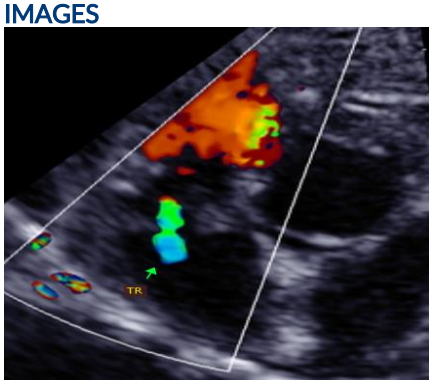
RECOMMENDATIONS

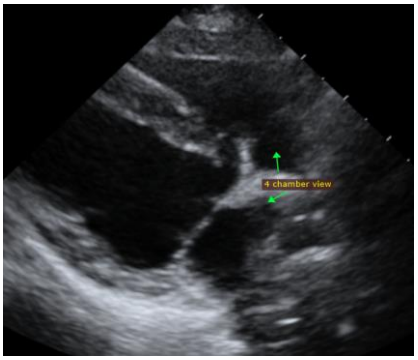
- Consider a longer tracing and/or holter monitor.
- Reassess BP to determine if ancillary therapy with Amlodipine is warranted.
- No cardiac medications are clearly indicated.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram should a murmur be ausculted in the future.

IMAGES





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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com