


PATIENT PRESENTING CLINICAL SIGNS

Stella McPhail
 History: Collapsed at groomers last week. New grade 3/6 heart murmur on exam.
 -Current medications: Vigamox and Optixcare for a "resolving" perforated ulcer.
 -Abnormal PE/Chem/CBC/UA Results: CBC WNL other than MCH low and Platelets high
 566(143-448) Chemistry ALT 148(18-121) ALP 423 (5-160) Triglycerides 6.57(0.23-1.71)
 Lipemic sample. 4dx negative. Total T4 normal.

SPECIES
 Canine

BREED
 Shih Tzu

SEX
 Female Spayed

AGE
 10 years

ECHOCARDIOGRAM FINDINGS

2D, m-mode 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 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.

CARDIAC CHART

WEIGHT
 17.6lbs

INTERPRETED BY
 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY
 Crystal Hill, RVT

HOSPITAL NAME
 Smithville Animal
 Hospital

REFERRING VET
 Dr. Hulzebosch

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	5.7	2.0	1.3	1.3	53	86	0.2
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	1.0	0.8	8.0	2.2	3.0	1.6
*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

INVOICE
 31660

Chronic degenerative valve disease causing mild mitral and trace tricuspid regurgitation. Lack of significant 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
 7/3/23



PATIENT

Stella McPhail

No structural cause for a collapse episode is appreciated in this study. The nature is consistent with a vaso-vagal event; however, other possibilities should be explored. Baseline BP, ECG, etc. are recommended.

SPECIES

Canine

In a dog with no significant left atrial enlargement, no cardiac medications are clearly indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage. 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.

BREED

Shih Tzu

SEX

Female Spayed

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.

AGE

10 years

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

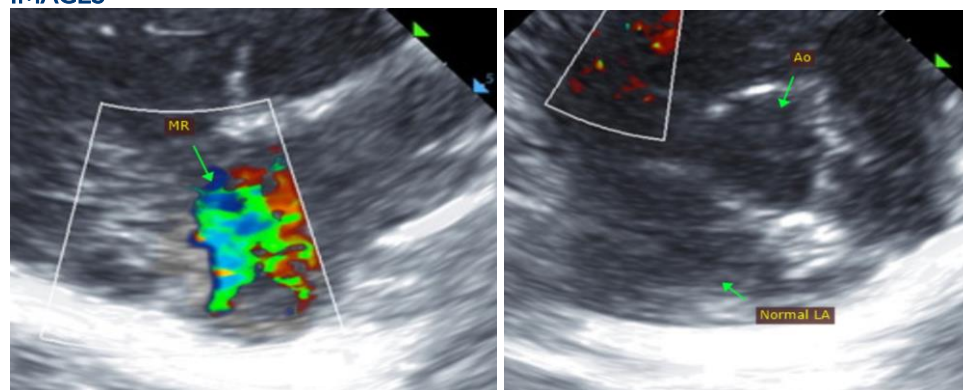
WEIGHT

17.6lbs

IMAGES

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)



IMAGING PERFORMED BY

Crystal Hill, RVT

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.

HOSPITAL NAME

Smithville Animal
Hospital

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.

REFERRING VET

Dr. Hulzebosch

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INVOICE

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DATE

7/3/23