


PATIENT PRESENTING CLINICAL SIGNS

Mocha Pfaff History: Recheck echo. General malaise/ weight loss over the past few months. Azotemic.
 -Abnormal PE/Chem/CBC/UA Results: CBC within normal limits, BUN 12.3(2.5-9.6) creatinine 193(44-159) otherwise WNL. U/A quiet and sp. grav - 1.017.

SPECIES -Pertinent previous echo findings (11/2020): Mild MR, mild LAE, no LVE, mild TR, mild PAH:
 Canine 3.2. LA: 3.3, LV: 4.4/2.6

BREED ECHOCARDIOGRAM FINDINGS *Imaged quality limited by cutaneous lipomas

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

SEX

Male Neutered

AGE

14 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)	
82lbs	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6	
INTERPRETED BY	PATIENT	5.0	NM	1.1	1.2	30	58	NM	
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)	
IMAGING PERFORMED BY	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW	
Crystal Hill, RVT	PATIENT	120	1.5	1.0	37.2	3.4	4.7	3.3	
HOSPITAL NAME	*Normal chamber parameters expressed as a mean value (SD)					3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
New Hanburg Vet Clinic	BODY WEIGHT DEPENDENT PARAMETERS					5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
REFERRING VET	*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)
Dr. Blier	Adapted from June Boon, Veterinary Echocardiography, 1998					15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
	Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435					20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
	Hansson et al, Vet Rad and Ultrasound 2002					25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
	Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995					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 31673
 Compared to the prior study, findings are remarkably similar given the timeframe. Mild mitral and trace tricuspid regurgitation are unchanged without progressive left or right heart enlargement. Previously noted pulmonary hypertension is not readily apparent and no additional issues are identified.

DATE

7/5/23



PATIENT

Mocha Pfaff

Given these findings, no cardiac medications are indicated. No cardiac contribution to current clinical signs is suspected. A baseline BP is recommended in any azotemic patient.

SPECIES

Canine

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). 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

Labrador Retriever

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.

SEX

Male Neutered

AGE

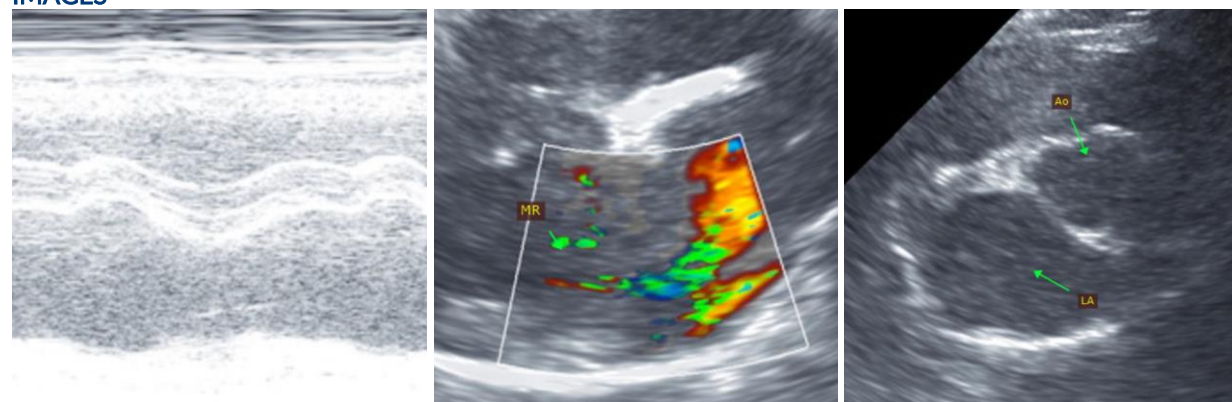
14 years

Recommend conservative monitoring with a recheck echocardiogram in 1 year, sooner if any development of clinical signs.

IMAGES

WEIGHT

82lbs



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.

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

New Hanburg Vet
Clinic

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. Blier

Maggie Machen Lamy, DVM
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INVOICE

31673

DATE

7/5/23