



PATIENT PRESENTING CLINICAL SIGNS

Jasmine Pudiner History: Owner noted tachypnea while resting, Grade 2/6 holosystolic murmur.
 -Current medication: Pimobendan 1.25am, 2.5pm, Denamarin, Clavamox, levetiracetam.

SPECIES ECHOCARDIOGRAM FINDINGS

Canine 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 mitral regurgitation with no left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no 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.

BREED

Shetland Sheepdog

SEX

Female Spayed

CARDIAC CHART

AGE

13 years

WEIGHT

16.2lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Eckman

INVOICE

31693

DATE

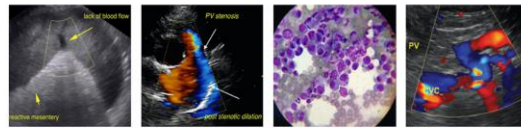
7/6/23

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	5.0	NA	NM	1.3	38	70	0.18
CANINE CARDIAC PARAMETER RS	HR (BP M)	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	150	1.6	1.2	7.3	1.8	2.6	1.6
*Normal chamber parameters expressed as a mean value				3	1.27	2.46	1.36
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40	2.74	1.60
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				10	1.50	3.27	2.06
				15	1.83	3.71	2.43
				20	2.02	4.14	2.80
				25	2.18	4.48	3.10
				30	2.33	4.83	3.39
				35	2.48	5.17	3.69
				40	2.62	5.48	3.96
				50	2.88	6.07	4.46

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing mild mitral 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.

Given these findings, reported respiratory changes are certainly noncardiac in origin. 3-view chest radiographs are recommended to further investigate.



PATIENT

Jasmine Pudiner

Given these findings, no cardiac medications are indicated and Pimobendan can be safely discontinued. 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.

SPECIES

Canine

Along-term 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.

BREED

Shetland Sheepdog

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

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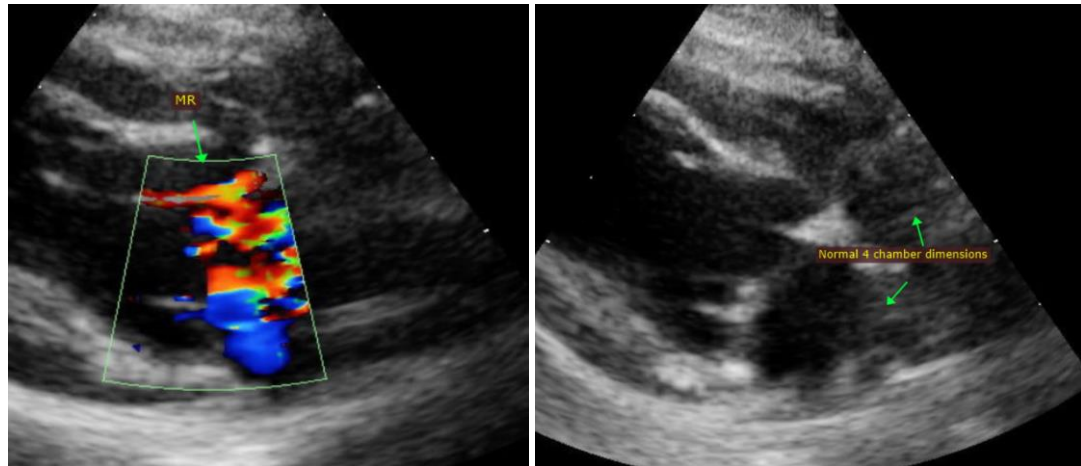
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INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

Thank you for this referral. 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

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