



PATIENT

Shadow Diaz

SPECIES

Canine

BREED

Lab Mix

SEX

Male Neutered

AGE

9 years

WEIGHT

61lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Ng

INVOICE

20483

DATE

8/11/21

PRESENTING CLINICAL SIGNS

History: Intermittent D+, losing weight, V+/regurge. Possible trouble masticating (tongue seems to flop on the right side). Recent radiographs of chest show poss. mega esophagus.

-Current medications: Sucralfate 1g TID.

-Abnormal PE/Chem/CBC/UA Results: WNL.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. Trace eccentric mitral regurgitation with no left atrial dilation. Normal MR velocity. No LV dilation with mild decline in 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 AI or PI. 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	5.0	NA	NM	1.1	24	45	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	90	1.0	0.7	27.7	2.3	3.7	2.8
*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)
*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)
				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

Mild systolic dysfunction is identified with normal LV dimensions. While it is certainly possible this degree of dysfunction is a normal variant (i.e., non-progressive), a FS of 24% should be monitored. Trace mitral regurgitation is appreciated, which may suggest early valve disease or may simply be a normal variant. No additional issues are identified, and the LA is normal, indicating a low risk for complication at this time.



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Given the echo findings and the recent evidence of grain free/boutique diets leading to DCM in some (but certainly not all) dogs, highly recommend a thorough diet history in this patient. If grain free or boutique brand, recommend immediate change to a more standard well formulated diet. A taurine supplement is also recommended. Additionally, hypothyroidism can cause decreased myocardial function, and a baseline panel is recommended. No medications are indicated.

Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

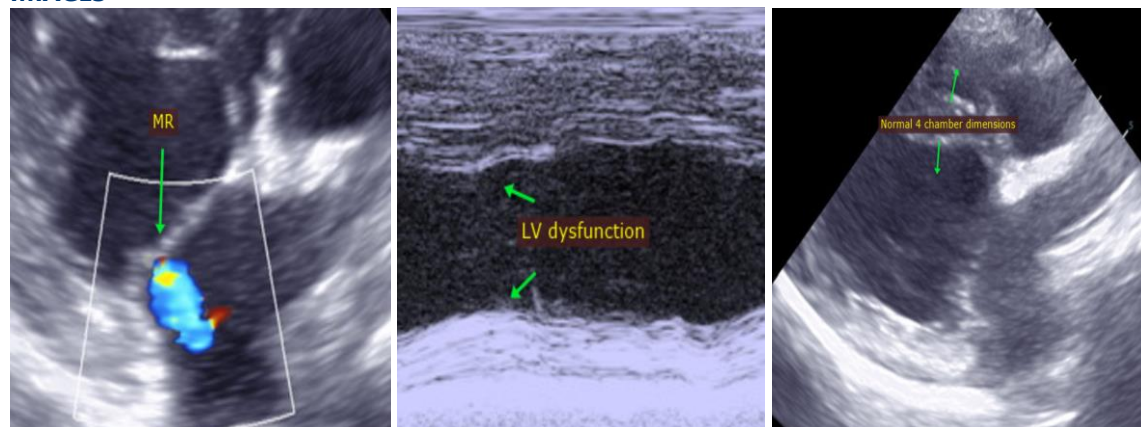
No cardiac contraindication for general anesthesia.

PLAN

Diet history recommended as discussed. Recommend taurine supplement, 1000mg PO q12h. Consider full thyroid panel.

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

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

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