


PATIENT

Sprocket Eden

SPECIES

Canine

BREED

Old English Sheep Dog

SEX

Female Spayed

AGE

10 years

WEIGHT

79.8lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

 Headon Forest
 Animal Hospital

REFERRING VET

Dr. Mpmsjou

INVOICE

20540

DATE

8/13/21

PRESENTING CLINICAL SIGNS

History: Needs surgery for RACL left hind, otherwise relatively unremarkable. Initial BP high (220), recheck with canine sibling in building better(180). HR: 120 RR: 32.

-ECG: Had VPC's, advised double cavity u/s to try to r/o pathology.

-Current medications: Metacam and Gabapentin

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

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
 Normal cardiac silhouette. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. No mitral regurgitation is identified. Normal left atrial dimension. Normal LV diameter with normal myocardial function. The tricuspid valve appears subjectively normal with no tricuspid regurgitation. The right heart is normal. No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. No aortic abnormalities identified, however the LVOT velocity is mildly elevated depending on heart rate. Laminar flow. Normal pulmonic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

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	NA	NA	1.3	1.1	31	59	NM
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	138	1.8	1.5	36.2	3.1	4.5	3.1
*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)

Adapted from June Boon, Veterinary Echocardiography, 1998
 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
 Hansson et al, Vet Rad and Ultrasound 2002
 Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is mildly increased flow velocity through the LVOT/aortic root. No obvious subaortic ridge or valvular abnormalities are visualized, and in the absence of structural abnormalities this is considered a benign flow abnormality. This type of flow abnormality is exacerbated by volume changes such as anemia or dehydration, and heart rate changes and may cause an intermittent basilar murmur in the future. It is reasonable to monitor periodically via recheck echocardiography in the future. No significant valvular insufficiencies were noted, and no structural issues identified.

VPCs are noted in the history and treatment/follow-up should be based the ECG evaluation. Consider a full systemic evaluation as there is no structural cardiac cause for arrhythmias.

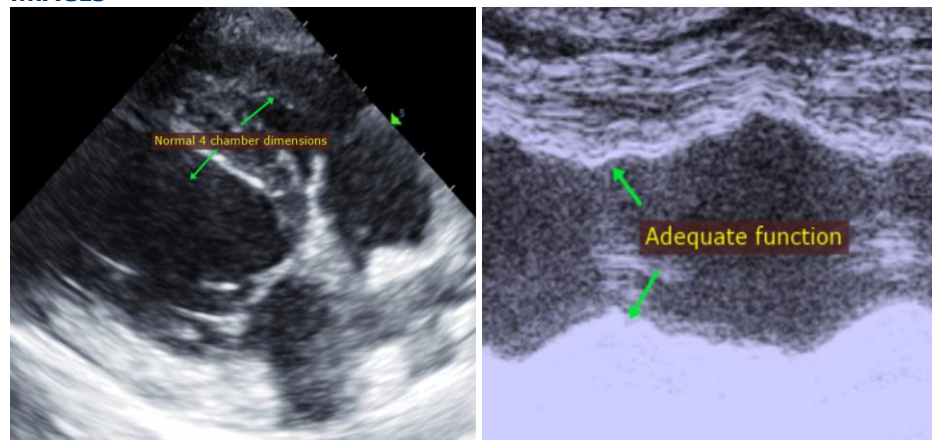
No additional cardiac medications are indicated at this time. Monitor for any development of cough, labored breathing or exercise intolerance.

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

No cardiac contraindication for general anesthesia from a structural standpoint.

Recommend recheck echocardiogram in 12 months to screen for progression or development of concurrent cardiac disease that the preexisting murmur may mask.

IMAGES





PATIENT

Sprocket Eden

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.

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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.

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

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