



PATIENT

Kiwi Gieschner

PRESENTING CLINICAL SIGNS

History: Persistent cough for last few months. Has had a few episodes of syncope. No murmur. Suspect collapsing trachea.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

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. Trivial mitral regurgitation with normal left atrial dimension. 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 aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

BREED

Pomeranian

SEX

Female Spayed

CARDIAC CHART

AGE

14 years

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	1.5	1.3	45	80	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	146	0.8	0.9	5.4	1.4	2.0	1.1
*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)
<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)

WEIGHT

12lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

C. Belan, DVM

HOSPITAL NAME

Stoney Trail Animal Hospital

REFERRING VET

Dr. Huet

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function documented in this study. Trace/mild MR is noted, which is hemodynamically insignificant at this time. Monitoring is advised should a murmur develop in the future. No chamber enlargement is noted and there is no obvious evidence of significant pulmonary hypertension.

INVOICE

25850

These findings make the cough certainly non-cardiac in origin. Continued work up and/or therapy for infectious/inflammatory contributions/primary airway disease is recommended. Consider options including hydrocodone, antibiotic therapy, taper course of pred, TTW/BAL, etc. Additionally, no structural cause of a collapse episode is identified. If the event was associated

DATE

8/17/22



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with the cough, vasovagal syncope can be considered (although this is typically short in duration). Arrhythmic syncope remains possible, and a baseline ECG and/or holter can be considered. Neurologic and/or systemic issues should be considered as well.

SPECIES

Canine

Finally, no obvious cardiac or extra-cardiac masses are appreciated. It is important to note that ultrasound is of low sensitivity for soft tissue lesions in the absence of pericardial effusion, and a thoracic CT should be considered if clinical suspicion is high.

BREED

Pomeranian

No cardiac indication for medications is seen.

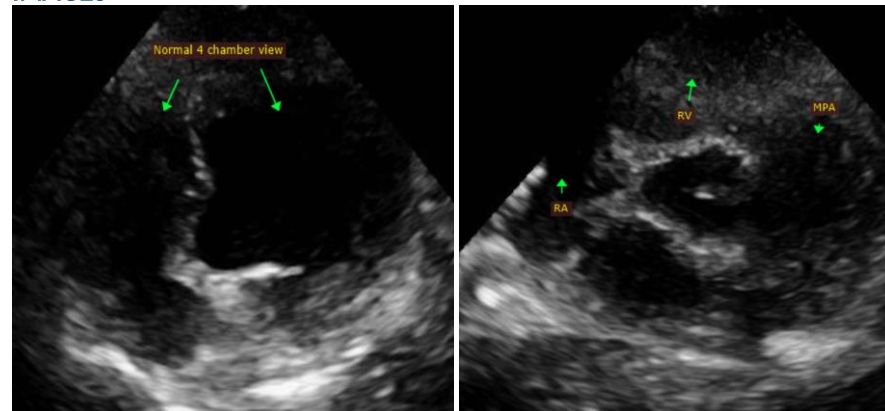
SEX

Female Spayed

Chronic respiratory issues can lead to pulmonary hypertension if poorly controlled and a recheck echocardiogram is recommended should any exertional syncope/dyspnea occur, or a murmur develops in the future.

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WEIGHT

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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

C. Belan, DVM

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.

HOSPITAL NAME

Stoney Trail Animal
Hospital

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