



PATIENT

Peewee Dias

SPECIES

Canine

BREED

Toy Poodle

SEX

Male Neutered

AGE

14.5 years

WEIGHT

8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Anchor Animal
Hospital

REFERRING VET

Dr. Pietsch

INVOICE

25869

DATE

8/18/22

PRESENTING CLINICAL SIGNS

History: Patient has long history of tracheal collapse. He developed crackles in all lung fields in 5/2021. X-rays at the time showed mild left sided cardiomegaly and increased interstitial pattern. The patient's tracheal cough has not changed. Recent chest x-rays showed left mainstream bronchial collapse w/ suspicion of pulmonary fibrosis. Patient does not have a heart murmur or arrhythmia on exam. ProBNP elevated (1951). BP: 182, 183, 188mmHg.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with no tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 100bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.3
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.5
LVID diastole (cm)	2.3
PW thickness (cm)	0.5
LVID systole (cm)	0.6
FS (%)	72

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension. No additional issues are identified without clinically significant pulmonary hypertension or right heart changes.

No cardiac medications are indicated at this time as the cough/crackles appear non-cardiac in origin. Continued work up for infectious/inflammatory respiratory causes is recommended if the cough persists/recurs. Poorly controlled respiratory disease can lead to development of pulmonary hypertension over time and monitoring for associated clinical signs is recommended (exertional syncope or dyspnea).



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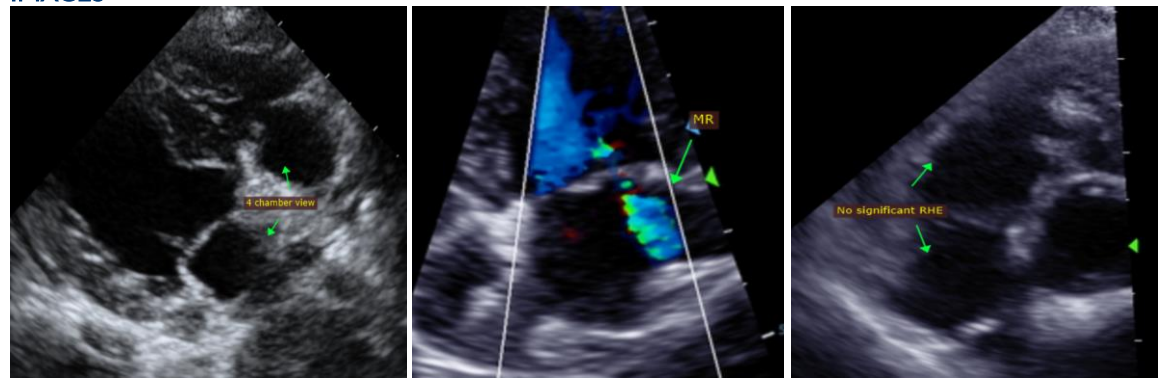
RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a murmur, cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

Recommend conservative monitoring with a recheck echocardiogram recommended should a murmur or signs of pulmonary hypertension be noted in the future.

IMAGES



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 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.

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.

IMAGING PERFORMED BY

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