

PATIENT

Camden Kirk

PRESENTING CLINICAL SIGNS

History: Incidental murmur found on exam for arthritis. Weight loss.
 -Radiographs: Cardiomegaly; VHS 11.5.
 -Current medications: No meds yet. Planning on Clavacillin for concurrent halitosis/ periodontal disease. Possible starting Vetmedin/ Lasix.
 -Sedation used: Sedation not required for scan.
 -STAT: Not requested

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

BREED

CKCS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Mild to moderate eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Normal velocity. 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 and trace pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

SEX

Male Neutered

AGE

12 years

CARDIAC CHART

WEIGHT

16.7lbs

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	5.8	2.3	NM	1.4	31	60	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	140	0.64	0.7	7.6	2.4	3.1	2.1
HOSPITAL NAME				*Normal chamber parameters expressed as a mean value (SD)			
HOSPITAL NAME				BODY WEIGHT DEPENDENT PARAMETERS			
HOSPITAL NAME				*Note: All measurements based upon multi-modal images and methods. An average value is reported.			
HOSPITAL NAME				Adapted from June Boon, Veterinary Echocardiography, 1998			
HOSPITAL NAME				Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435			
HOSPITAL NAME				Hansson et al, Vet Rad and Ultrasound 2002			
HOSPITAL NAME				Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995			
HOSPITAL NAME				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
HOSPITAL NAME				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
HOSPITAL NAME				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
HOSPITAL NAME				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
HOSPITAL NAME				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
HOSPITAL NAME				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
HOSPITAL NAME				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
HOSPITAL NAME				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
HOSPITAL NAME				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
HOSPITAL NAME				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

HOSPITAL NAME

Eastern Animal
 Hospital

REFERRING VET

Dr. Warner-Jones

INVOICE

20640

DATE

8/19/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

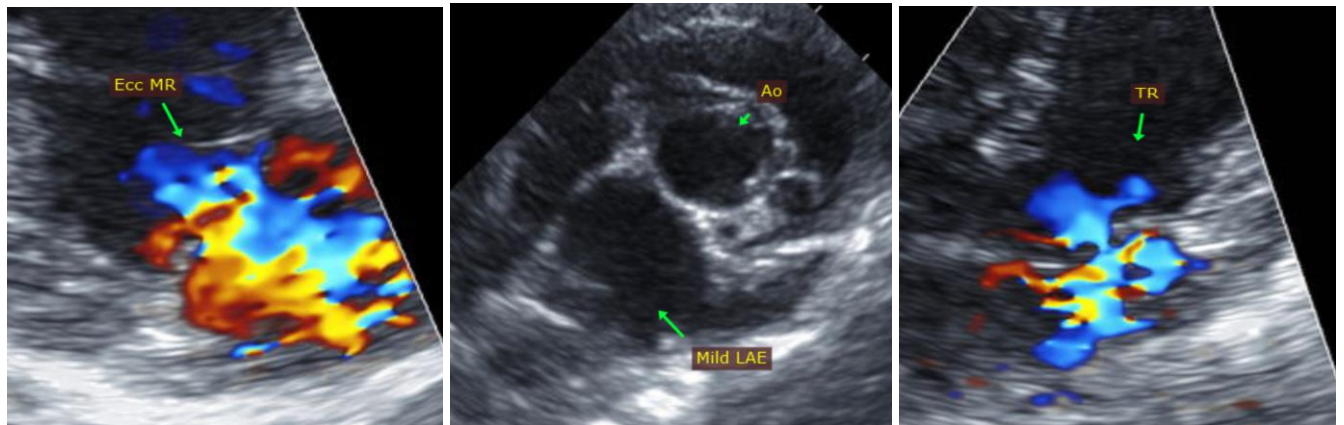
Chronic degenerative valve disease causing mild to moderate mitral and mild tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as pulmonary hypertension are noted in this study.

Given these findings, no cardiac medications are clearly indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). 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.

Anesthetic risk is considered mild if needed. 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.

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

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.

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