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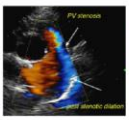
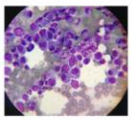
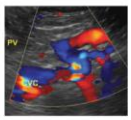
SVS IMAGING

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Ruby Keele

SPECIES

Canine

BREED

Yorkiepoo

SEX

Female Spayed

AGE

14 years

WEIGHT

17lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Harris

INVOICE

25902

DATE

8/21/22

PRESENTING CLINICAL SIGNS

History: Chronic cough. No murmur ausculted.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Subjective cardiomegaly; however, VHS is normal. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 90bpm (range 68-100bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. Single VPC is noted. No supraventricular premature beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with respiratory variation. Isolated VPCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. No mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trace 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 obvious aortic or pulmonic insufficiency. 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	NA	NM	1.3	1.3	63	93	0.5
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	1.5	1.2	7.7	1.8	2.1	0.8
*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 *Note: All measurements based upon multi-modal images and methods. An average value is reported.* 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				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
				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)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

These findings would suggest cardiomegaly on the films is a normal variant, supported by the VHS. These films should be used as a baseline for future comparison.

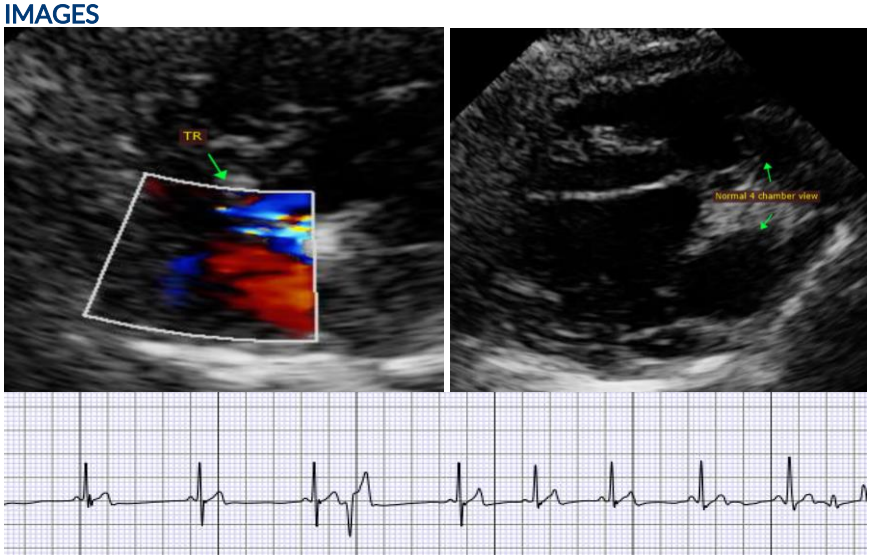
No cardiac medications are indicated at this time as the cough appears non-cardiac in origin. Continued work up for infectious/inflammatory respiratory causes is recommended. Options include Baytril or similar antibiotic, anti-inflammatory prednisone, aggressive hydrocodone, etc. If refractory, may consider TTW/BAL for further information.

A single VPC was noted on the ECG. While no structural disease is appreciated, development of VPCs can occur due to stress, systemic illness, etc. Given the infrequency of the finding, no follow up is advised at this time. Monitor for signs of sustained or worsening arrythmias, such as collapse.

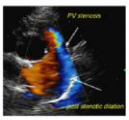
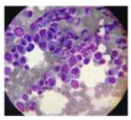
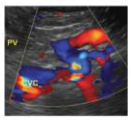
Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

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 be noted in the future.

IMAGES



The information and recommendations provided are based on the images presented by the referring

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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com