



PATIENT

Ozzy Dimarco

PRESENTING CLINICAL SIGNS

History: Elevated ProBNP. Pneumonia.

SPECIES

Canine

BREED

Mix

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mitral valve is mildly thickened with no obvious prolapse into the left atrial lumen. No mitral regurgitation is identified. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears subjectively normal, with no tricuspid regurgitation. The right heart is normal (subjective). 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. 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	TR VMAX	LA/AO	LA/AO	FS	EF	EPSS
		(m/s)	(m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
AGE		4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
2.6 years								
WEIGHT		NA	NA	1.1	1.3	40	72	NM
69.2lbs								
INTERPRETED BY	CANINE CARDIAC PARAMETERS	HR	AV VMAX	PV MAX	BODY WEIGHT	LA	LVIDd	LVIDs
		(BPM)	(m/s)	(m/s)	(kg)	2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
Maggie Machen Lamy, DVM, DACVIM (Cardiology)		50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
		230	2.1	1.5	31.4	2.6	3.7	2.2
		*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)
		Adapted from June Boon, Veterinary Echocardiography, 1998			25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
		Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435			30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
		Hansson et al, Vet Rad and Ultrasound 2002			35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
		Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995			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)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

North Warren Animal Hospital

REFERRING VET

Dr. Corrado

INVOICE

25930

DATE

8/22/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality noted is 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 finding. It is reasonable to monitor periodically via recheck echocardiography in the future. Additionally, screening for fluid status abnormalities (dehydration, anemia, etc.) is recommended through routine lab work as these changes would make this finding more prevalent. No significant valvular insufficiencies were noted, and no structural issues identified.

An elevated BNP may be a false positive, however other causes of evaluation should be considered (systemic hypertension, renal insufficiency, etc.).



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No cardiac medications are indicated. No cardiac contraindication for general anesthesia.

SPECIES

Canine

Monitor for any development of cough, labored breathing or exercise intolerance.

BREED

Mix

Recommend recheck echocardiogram in 12-18 months to screen for any progressive issues.

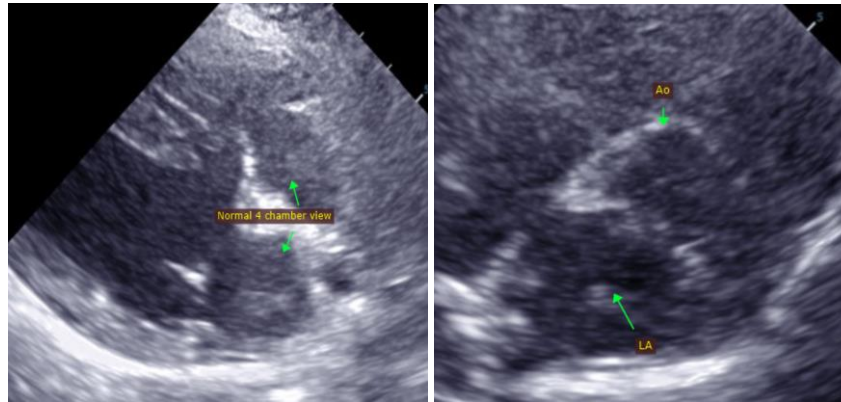
SEX

Male Neutered

AGE

2.6 years

IMAGES



WEIGHT

69.2lbs

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.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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

Jessica Miller

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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