



PATIENT

Muggsy Payne

PRESENTING CLINICAL SIGNS

History: ProBNP elevated at 1403. Lethargic for 2-3 weeks. Been on grain-free diet for 2 years. BP: 116, 118, 119 mmHg.

SPECIES

Canine

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 diffusely thickened with mild prolapse into the left atrial lumen. No obvious mitral regurgitation..

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

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 normal 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 bpm.

BREED

Newfoundland

SEX

Male Neutered

AGE

8 years

WEIGHT

139lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	3.5
LA diam (cm)	3.0
LA:Ao (Swe)	0.9y
IVS thickness (cm)	1.1
LVID diastole (cm)	4.3
PW thickness (cm)	1.1
LVID systole (cm)	3.1
FS (%)	29

Doppler Measurements

PV Vmax (m/s)	0.52
AoV Vmax (m/s)	
MR Vmax (m/s)	
TR Vmax (m/s)	
TR PG (mmHg)	

IMAGING

PERFORMED BY

Pamela Harrigan, RDCS

INTERPRETATION OF THE FINDINGS

The only abnormality identified is a mildly dilated aortic root. In light of normal to mildly low systemic pressures this is considered an incidental finding. The overall cardiac dimensions and function are normal with no evidence of significant structural disease. No evidence of diet-related cardiomyopathy at this time; however, a diet change to a standard option is still recommended (see WSAVA guidelines). Prognosis is good.

HOSPITAL NAME

Foster Veterinary

REFERRING VET

Dr. Hattan

No obvious cause of BNP elevation is seen, and the blood pressure is normal. Consider reassess structure/function in one year to ensure no progressive issues are identified. Additionally other causes of BNP elevation including renal disease can be considered.

INVOICE

20711

DATE

8/23/21



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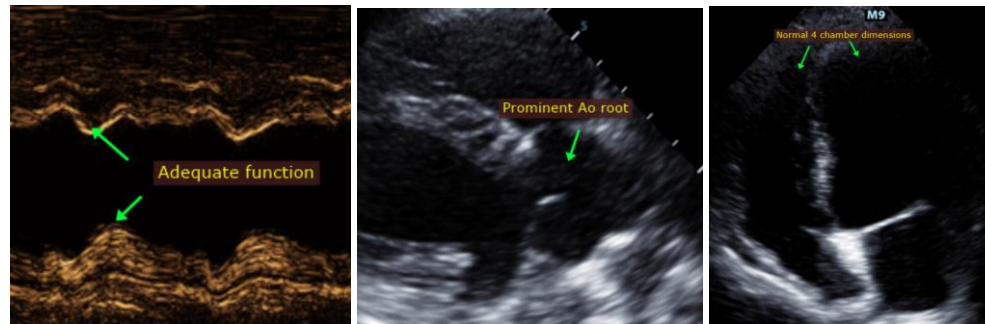
RECOMMENDATIONS

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

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 12 months to screen for any progressive changes.

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. 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

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