



PATIENT

Tessa Crusoe

PRESENTING CLINICAL SIGNS

History: New heart murmur. Weight loss. Inappetence. Sedated with Torb.
-Current medications: Gabapentin.
-Abnormal PE/Chem/CBC/UA Results: Elevated ProBNP.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Minimal diffuse thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. Mild mitral regurgitation is identified. Normal velocity. No left atrial enlargement. Borderline LV dilation with adequate myocardial function. The tricuspid valve appears subjectively normal, with trace tricuspid regurgitation. The right heart is mildly enlarged. 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 due to prolonged diastole. Normal pulmonic outflow velocities. Trace aortic and no pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed. **AV dissociation is suspected based upon AV valve movement.**

BREED

German Shepherd Mix

SEX

Female Spayed

AGE

12 years

CARDIAC CHART

WEIGHT

63.9lbs

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	5.6	NM	1.4	1.3	36	66	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	NM	3.0	1.6	29.0	3.0	4.5	2.9
*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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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)

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Headon Forest
Animal Hospital

REFERRING VET

Dr. Martin

INVOICE

32507

DATE

8/23/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only cause of a murmur identified is increased flow velocity through the LVOT/aortic root, which is secondary to bradycardia. No obvious subaortic ridge or valvular abnormalities are visualized, and in the absence of structural abnormalities this is considered a benign flow murmur. Trace MR and trace TR are noted, which are unlikely to be heard on exam and appear hemodynamically insignificant. No additional issues are identified.



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This study does show a significant arrhythmia with marked bradycardia and suspicion for 2nd or 3rd degree AV block. An Immediate ECG is recommended as this is likely the underlying issue in this case.

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No cardiac medications are indicated.

Anesthesia is not advised.

BREED

German Shepherd Mix

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

PLAN

SEX

Female Spayed

Immediate ECG evaluation. If this cannot be done at your facility, referral is strongly recommended as a pacemaker may be indicated.

Recommend recheck echocardiogram in 6 months pending further evaluation.

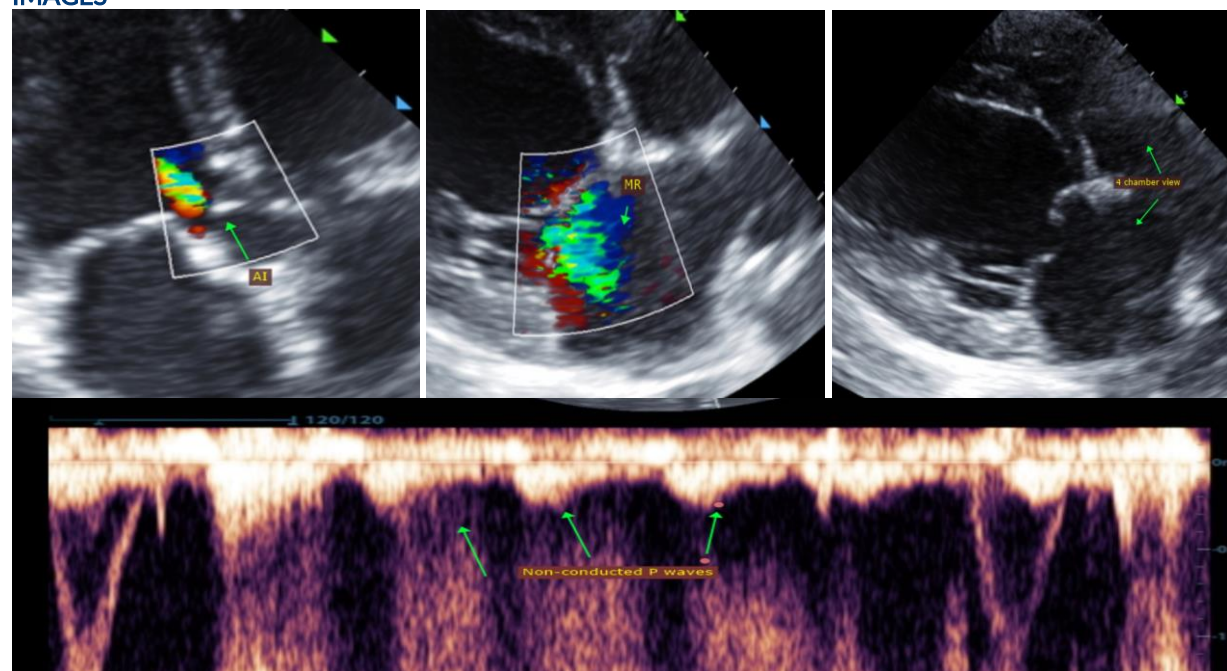
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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