



**PATIENT**

Bandit Pham

**PRESENTING CLINICAL SIGNS**

History: Enlarged liver. Significant upper airway noise. Dyspnea. Abdominal distention.  
-Current medication: Denamarin, Temparil P, doxycycline, Lasix, docusate.

**SPECIES**

Canine

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.  
Normal cardiac silhouette. No obvious evidence of CHF.

**BREED**

Miniature Pinscher  
Mix

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Trace mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no obvious 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.

**SEX**

Female

**CARDIAC CHART**

**AGE**

6 years

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	NM	NA	NM	1.2	54	86	NM
CANINE CARDIAC PARAMETERS	HR (BP M)	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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	83	1.8	1.3	5.9	1.6	2.7	1.2
*Normal chamber parameters expressed as a mean value				3	1.27	2.46	1.36
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40	2.74	1.60
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				10	1.50	3.27	2.06
				15	1.83	3.71	2.43
				20	2.02	4.14	2.80
				25	2.18	4.48	3.10
				30	2.33	4.83	3.39
				35	2.48	5.17	3.69
				40	2.62	5.48	3.96
				50	2.88	6.07	4.46

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

NP

**REFERRING VET**

Dr. Myers

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

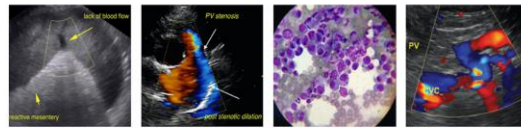
Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. Trace MR may reflect early valve disease; however, a physiologic origin is also possible. Follow up is advised should a murmur develop in the future. No other significant valvular leaks are visualized, and no evidence of pulmonary hypertension.

**INVOICE**

32530

**DATE**

8/23/23



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Bandit Pham

No cardiac medications are indicated at this time as the respiratory signs appears non-cardiac in origin and **Lasix can and should be safely discontinued**. 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.

**SPECIES**

Canine

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

**BREED**

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Mix

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.

**SEX**

Female

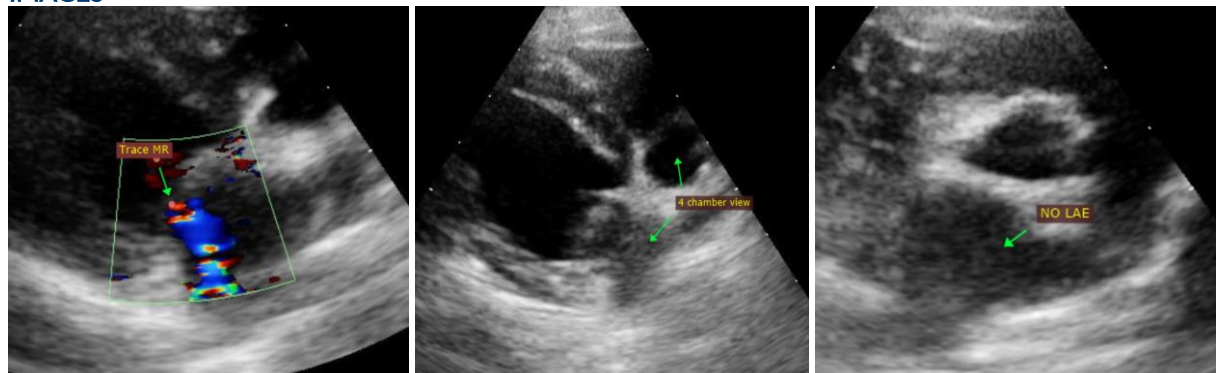
**AGE**

6 years

**WEIGHT**

13lbs

**IMAGES**



**INTERPRETED BY**

Maggie Machen  
Lamy, DVM, DACVIM  
(Cardiology)

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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

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