


PATIENT

Rambo Blajev

SPECIES

Canine

BREED

Yorkie

SEX

Male Neutered

AGE

10 years

WEIGHT

11lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

 Grand River
 Veterinary Hospital

REFERRING VET

Dr. Hornak

INVOICE

20748

DATE

8/25/21

PRESENTING CLINICAL SIGNS

History: History of collapsing trachea previously diagnosed at different clinic. Ventolin HFA 100mcg inhaler 1 puff BID Collapsed trachea elixir No Iso -1.5mls BID. Hydrocodone used in past not effective. Dental done in March - stertorous breathing immediately after and did not do well under anesthetic. High anxiety worsens with stress. Slightly big heart on x ray. Had surgery for liver shunt.

-Current medications: On Prednisolone and Gabapentin.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve structure and function with no obvious prolapse into the left atrial lumen. No mitral regurgitation; normal left atrial dimension. Normal LV diameter with normal myocardial function. Normal LV wall dimensions. The tricuspid valve appears normal in form and function. Trace TR. Mild right heart prominence may indicate early pulmonary hypertension. MPA appears high normal in dimension. The pulmonic and aortic valves are normal in morphology and mobility. Normal LVOT/RVOT velocity. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac tumors seen.

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	NA	1.3	1.2	40	76	0.2
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	NM	1.0	5.0	1.5	2.5	1.5
*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)
				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)

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Essentially normal cardiac structure and function documented in this study. There is no obvious significant valvular regurgitation or chamber enlargement noted. Mild right heart prominence is noted in some views, which may be consistent with early pulmonary



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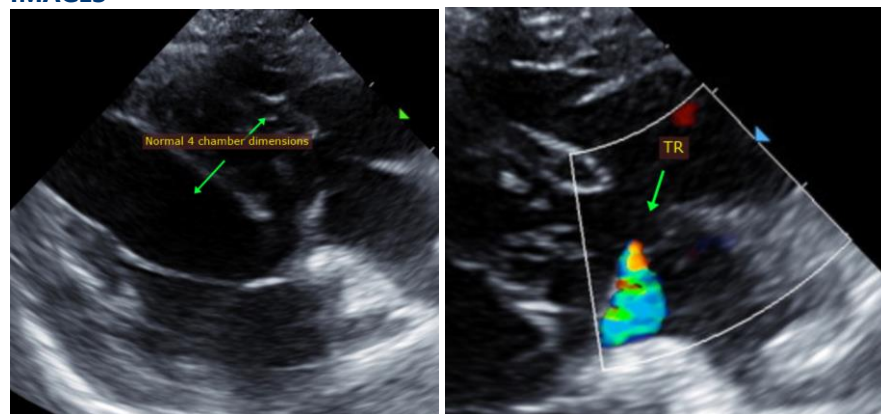
hypertension (PAH) secondary to described issues or may simply be a normal variant. Monitoring is advised. It is important to note that PAH can develop secondary to primary respiratory signs/hypoxia if poorly controlled, rather than being a primary cause. Regardless, a lack of significant right heart changes indicate little concern at this time and primary respiratory disease should continue to be addressed.

No cardiac medications are indicated. Additionally, the cardiomegaly on the films is not supported by this study, making it likely an anatomic variant common in this breed. Further respiratory/treatment recommended. If the cough is truly refractory to therapy, consider advanced imaging such as TTW/BAL.

Monitor for signs of PAH at home, including exertional syncope and/or dyspnea.

A recheck echocardiogram is recommended in 1 year, or if clinical signs of PAH develop (exertional syncope, etc.).

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. 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.

Maggie Machen Lamy, DVM
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