



PATIENT

Trojan Brockett

SPECIES

Canine

BREED

Pitbull

SEX

Female Spayed

AGE

8 years

WEIGHT

75lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Pelzer

INVOICE

20814

DATE

8/31/21

PRESENTING CLINICAL SIGNS

History: History of DCM diagnosed on echo at EIVSC in June 2020. Recently owner noted increased resting respiratory rate from 25 to 30 per minute. A bit lethargic at home. Had been eating a grain-free dog food but has since switched.

-Current medications: Gabapentin and Rimadyl for arthritis.

-Abnormal PE/Chem/CBC/UA Results: Heart murmur Grade 3/6 very sternal. RR 40 in clinic. Lungs clear on auscultation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild mitral valve leaflet thickening with no obvious prolapse into the left atrial lumen. No mitral regurgitation is identified. Normal left atrial dimension. Normal LV diameter with normal myocardial function. The tricuspid valve appears subjectively normal. No TR. The right heart is normal. No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. No aortic abnormalities identified, with normal outflow velocity. Normal pulmonic outflow velocities. No aortic insufficiency. No pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

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	2.0	1.5	1.4	35	64	0.3
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	94	1.5	1.2	34.0	2.8	4.4	2.9
<i>*Normal chamber parameters expressed as a mean value (SD)</i>				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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function with no cause of a murmur identified. No significant valvular insufficiencies were noted, and no structural issues identified. In the absence

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of significant volume changes (dehydration) or anemia, other possibilities include a physiologic flow murmur only present with elevated heart rates, or a small flow abnormality not seen here. It is reasonable to monitor periodically via recheck echocardiography in the future, particularly should the murmur persist/progress.

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Historical DCM is confounding given normal cardiac structure and function on today's exam. If the diet was changed at time of diagnosis, this may certainly reflect improvement and confirm a diet-related issue. Regardless, what is seen here is of little concern and the respiratory changes are certainly non-cardiac in origin. Consider baseline chest radiographs should the symptoms persist.

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No cardiac medications are indicated at this time. Monitor for any development of cough, labored breathing or exercise intolerance.

No cardiac contraindication for general anesthesia.

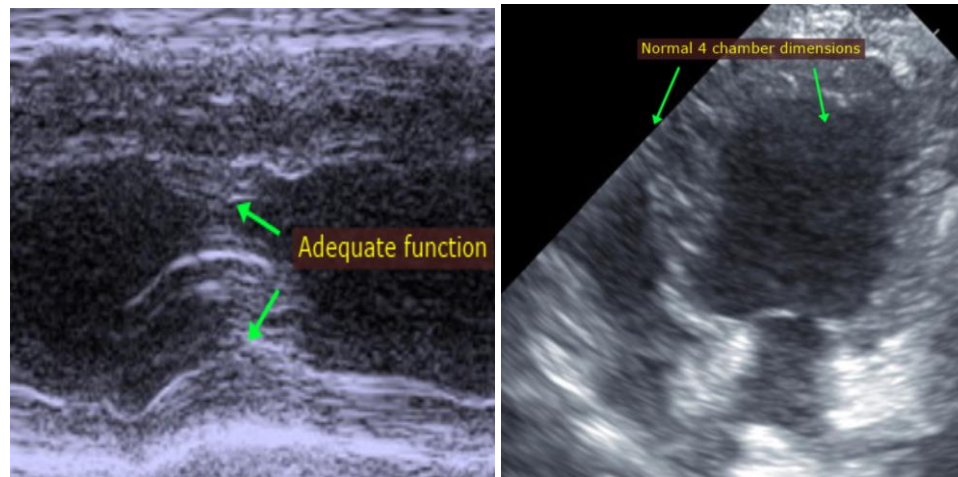
AGE

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Recommend recheck echocardiogram in 12-18 months to screen for progression or development of concurrent cardiac disease that the preexisting murmur may mask.

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IMAGES**INTERPRETED BY**

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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.

REFERRING VET

Dr. Pelzer

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.

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