

**PATIENT**

Gypsy Shoffler

SPECIES

Canine

BREED

Basset Hound Mix

SEX

Female Spayed

AGE

4.23.09

WEIGHT

46.4lbs

INTERPRETED BYMaggie Machen Lamy,
DVM, DACVIM
(Cardiology)**HOSPITAL NAME**Gambrills Veterinary
Center**REFERRING VET**

Dr. Orenstein

INVOICE

26157

DATE

9.1.22

PRESENTING CLINICAL SIGNS

History: Respiratory issues. Cardiomegaly suspected on films. Breathing improved with Lasix. No murmur noted in the history.

-Pertinent abnormal PE/Chem/CBC/UA Results: CBC: WNL. Chem: mild elevation in glucose from stress. T4: mild low. Urine dilute with proteinuria.

-Current medications: Lasix 80mg pm and 40mg am, Enalapril 5mg BID, Vetmedin 5mg BID.

-Sedation used: Torbugesic IV.

-Pertinent previous ultrasound results: No previous.

-STAT: Declined at this time.

-Imaging performed by: Stephanie Warga RDCS, RVT.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental information only.

Normal cardiac silhouette. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. No mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. Mild LVH. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity. 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. The aortic root is dilated. Trace aortic and no pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

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	2.6	NM	0.9	58	69	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	160	1.7	1.3	21.0	2.1	3.6	2.2
*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

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. The patient does have **three markers of systemic hypertension (dilated AO, AI, mild LVH)**, and a **baseline blood pressure is strongly recommended**. Proteinuria is a predisposing factor and if both are present, this certainly warrants therapy. No additional issues are identified.

No cardiac medications are indicated at this time as the respiratory issues appears non-cardiac in origin. Improvement on Lasix is considered coincidental; however, mildly decreased pulmonary secretions can also contribute. 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.

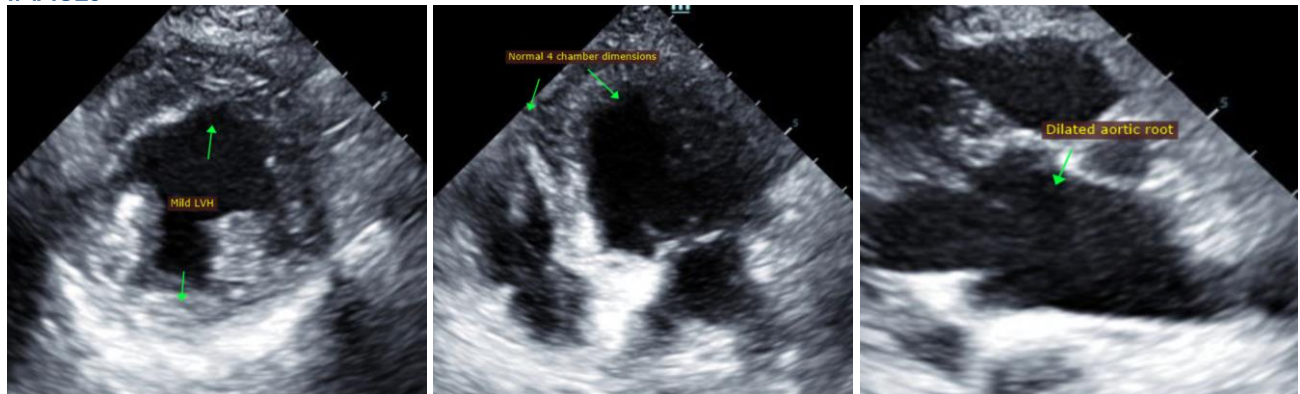
Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

Baseline BP recommended with treatment if indicated (ACE-I, Amlodipine, etc.). Discontinue Lasix, Enalapril and Pimobendan. Further evaluation of respiratory issues is recommended through a Radiologist review of the films, broad-spectrum antibiotic therapy, etc.

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.

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.

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