


PATIENT

Teddy Determan

PRESENTING CLINICAL SIGNS

 History: Grade 1/6 heart murmur. ECG showed tall R waves. Assess prior to anesthesia.
 -Blood pressure: 235/195, 215/100, 217/107mmHg.

SPECIES

Canine

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available from an AliveCor monitor; 50mm/s, 20mm/mV. The average heart rate is 150bpm (range 130-176bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive with normal dimension. No ectopic beats, pauses or other dysrhythmias observed.

BREED

Golden Retriever

ECG diagnosis: Normal sinus rhythm with respiratory variation.

SEX

Male

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve with no obvious prolapse into the left atrial lumen. Trace central mitral regurgitation; normal left atrial dimension. Normal LV diameter with adequate myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function. 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. No obvious subvalvular ridge evident, however there is trivial narrowing of the LVOT. Normal pulmonic outflow velocity. Mildly elevated aortic outflow velocity. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac tumors seen.

AGE

2 years

WEIGHT

74lbs

CARDIAC CHART
INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

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	NM	NA	NM	1.2	41	72	0.17
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	120	2.8	1.2	33.6	2.3	4.4	2.6
*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)

IMAGING PERFORMED BY

 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

 Pocono Peak
 Veterinary Clinic

REFERRING VET

Dr. Thompson

INVOICE

20969

DATE

9/10/21



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is trivial subaortic stenosis. A subtle sub-aortic narrowing of the LVOT is visualized however the LV thickness is normal indicating the disease is likely of little clinical significance. Trace MR is hemodynamically insignificant; however, follow up for progression may be useful. As this is a new heart murmur, screening lab work to look for exacerbating issues such as dehydration or anemia is recommended. It is reasonable to monitored periodically via recheck echocardiography in the future. No cardiac medications are indicated at this time.

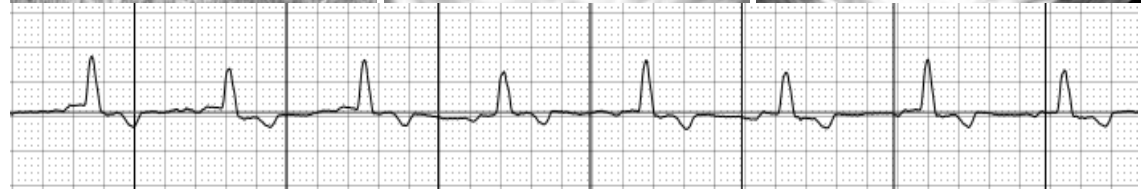
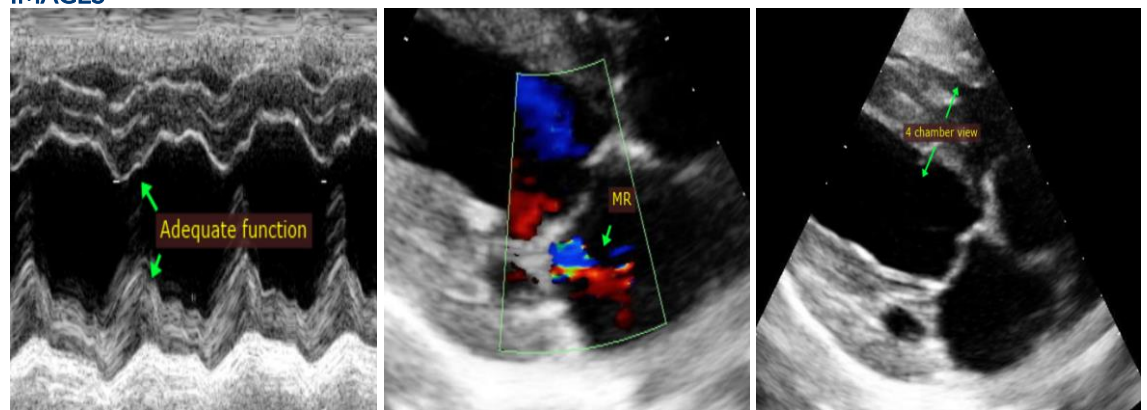
From a cardiac standpoint, monitor for development of a labored breathing, exercise intolerance or collapse episodes, as SAS patients are more predisposed to development of arrhythmias than to CHF.

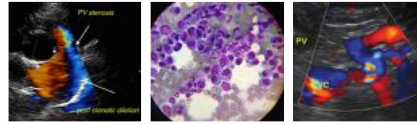
The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis

Anesthetic risk is low. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless clinically indicated. Recommend prophylactic antibiotics for any orthopedic or dental procedure in the future given slight predisposition to endocarditis.

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

IMAGES





PATIENT

Teddy Determan

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.

SPECIES

Canine

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.

BREED

Golden Retriever

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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Male

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