



**PATIENT**

Mikey Faitlin

**PRESENTING CLINICAL SIGNS**

History: Grade 1/6 heart murmur.  
-Chest radiographs: Showed possible cardiomegaly.

**SPECIES**

Canine

**ELECTROCARDIOGRAPHIC FINDINGS**

A six lead ECG is available at 50mm/s; 10mm/mV. The average heart rate is 100bpm (range 75-115bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.

**BREED**

Shih Tzu

ECG diagnosis: Normal sinus rhythm with respiratory variation.

**SEX**

Male Intact

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The aortic valve appears mildly thickened. The pulmonic valve is 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.

**AGE**

9 years

**WEIGHT**

22lbs

**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	6.0	2.9	NM	1.5	41	80	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	NM	1.5	1.0	10.0	2.4	2.7	1.6
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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**

Chronic degenerative valve disease causing mild mitral and tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. Early

**DATE**

9/13/21

**IMAGING PERFORMED BY**

Loetitia St-Jacques,  
LVT/RVT

**HOSPITAL NAME**

South Reno  
Veterinary Hospital

**REFERRING VET**

Dr. Schmitt

**INVOICE**

21001



Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com 530-786-8340

**PATIENT**

Mikey Faitlin

pulmonary hypertension is noted which is of unknown significance in an asymptomatic dog. No additional issues are noted in this study. The ECG is unremarkable with a respiratory sinus arrhythmia.

**SPECIES**

Canine

In an asymptomatic dog with no significant left atrial enlargement, no cardiac medications are clearly indicated. A baseline blood pressure is recommended. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**BREED**

Shih Tzu

Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

**SEX**

Male Intact

**AGE**

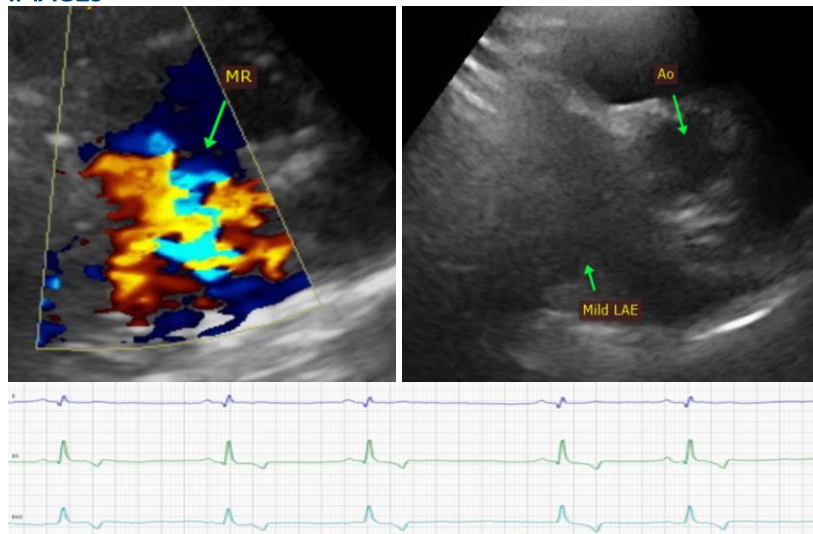
9 years

Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

**WEIGHT**

22lbs

**IMAGES**



**INTERPRETED BY**

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Loetitia St-Jacques, LVT/RVT

**HOSPITAL NAME**

South Reno Veterinary Hospital

**REFERRING VET**

Dr. Schmitt

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.

**INVOICE**

21001

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.

**DATE**

9/13/21

**Maggie Machen Lamy, DVM**  
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