



PATIENT

Mozzarella Uwajaren

SPECIES

Canine

BREED

Greyhound

SEX

Female Spayed

AGE

8 years

WEIGHT

58.7lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Westminster
Veterinary Hospital

REFERRING VET

Dr. Hall

PRESENTING CLINICAL SIGNS

History: Recheck echo. Diagnosed with SHT.

-Pertinent abnormal PE/Chem/CBC/UA Results: (7/21): Elevated AST (historic finding for pet) but this value has always been mildly increased. Labs revealed a large amount of hemolysis and so a repeat blood sample is to be drawn and resubmitted later this week, we will forward these results when they are available.

-Current medications: Amlodipine: 5mg PO SID started 07/21/21.

-Blood pressure: 07/21/21: Elevated BP; Mean values- sys (199.25)/dia (119) Mean MAP: 153.25.

-Sedation used: Not needed.

-Pertinent previous ultrasound results: (4-29-2020 MML): Normal, mild LVOT murmur: 2.4m/s, mild AI.

-STAT: Not requested

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. Trace mitral regurgitation is identified. No left atrial dilation. Normal LV diameter with adequate myocardial function for this breed. The tricuspid valve appears subjectively normal, however there is trace tricuspid regurgitation. The right heart is normal. The pulmonic and aortic valves are normal in morphology and mobility. No aortic abnormalities identified, however the LVOT velocity is elevated. Normal pulmonic outflow velocities. Mild to moderate aortic insufficiency. No PI. No pericardial or pleural effusion noted.

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	NM	1.2	36	66	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	180	2.5	1.7	26.6	3.0	4.5	2.9
*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)
<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)

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

INVOICE

21049

DATE

9/15/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary difference comparing the two studies is a mild increase in left heart dimensions with an increase in aortic insufficiency. These may reflect poorly controlled systemic hypertension with a reported pressure of 199mmHg. If possible to reassess this value using doppler as a sole reason for a visit, this would be recommended. Target blood pressure in hospital is <160mmHg. No additional issues are identified, and the murmur remains benign in origin.

Given these findings, no additional medications are indicated at this time. If the blood pressure proves difficult to control, consultation with an IM Specialist is advised for ancillary therapeutic options.

Serial monitoring is recommended to assess significance of early valve disease and monitor for progression. Monitor for any development of cough, labored breathing or exercise intolerance.

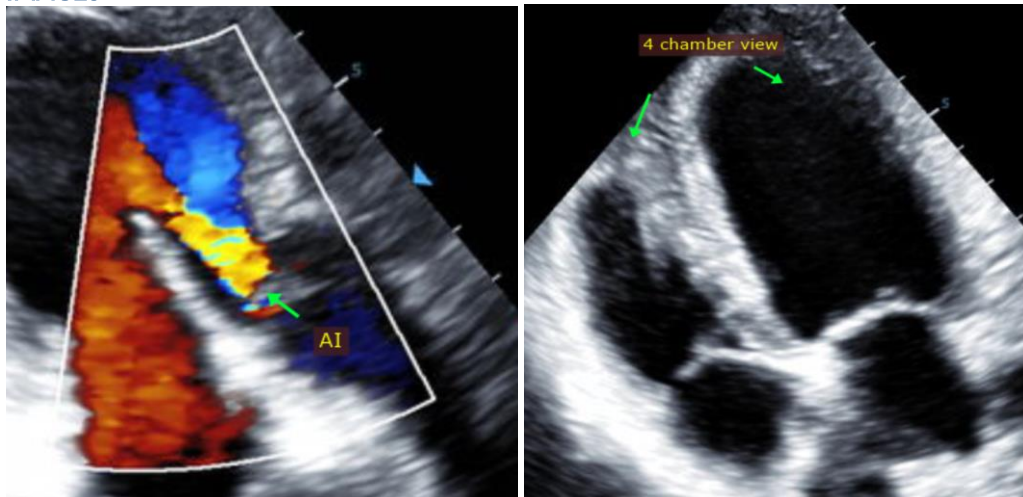
No contraindication for general anesthesia at this time. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless clinically indicated.

PLAN

Reassess BP as discussed. Consider ancillary therapy, dose titration, IM consultation, etc.

Recommend recheck echocardiogram in 1 year to screen for any progressive changes.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
Email: info@sonopath.com