



**PATIENT**

Allister Turoff

**SPECIES**

Canine

**BREED**

Staffordshire Mix

**SEX**

Male Intact

**AGE**

4 years

**WEIGHT**

72.6lbs

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Forest Valley Vet  
 Clinic

**REFERRING VET**

Dr. Urquhart

**INVOICE**

21131

**DATE**

9/20/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Doing well.

Current Medications: Furosemide 20mg 1.5tab BID, Pimobendan 10mg 1 tablet BID, Spironolactone 50mg 1 tab BID, Taurine 1000mg 1 capsule BID.

-Pertinent previous echo findings (1/2021 MML): Severe LVE, marked LAE, mild/moderate MR and TR, mild to moderate PAH: 3.67m/s. FS: 17%, LA: 3.8, LV: 6.8/5.6.

**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; 25mm/s, 10mm/mV. The average heart rate is 110bpm (range 107-125bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Moderate left ventricular dilation with decreased systolic function. Decreased LV wall thickness with increased sphericity. Moderate left atrial enlargement. The mitral valve appears normal in form and function, with no obvious prolapse into the left atrial lumen. Mild mitral and tricuspid regurgitation secondary to annular stretch. Moderate right atrial and ventricular dilation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present, increased LVOT velocity. No aortic insufficiency. Normal pulmonic valve with moderate pulmonic insufficiency seen. No pericardial or pleural effusion noted. No obvious cardiac tumors.

**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	2.2	2.2	21	40	0.91
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	1.7	1.4	32.9	3.2	5.3	4.4
*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)
				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)

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



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Clin North Am 15:1177, 1995	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)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall stable disease with evidence of mild improvement. While systolic function remains significantly impaired, there is a slight improvement compared to the prior study with decreased LA and LV dimensions. This has decreased the amount of MR and TR which is also good news. No additional issues are identified at this time. The ECG shows a sinus rhythm without evidence of dysrhythmias.

Given these findings, continue all medications as previously prescribed. Prognosis remains guarded to poor long-term; however, any sign of stability is encouraging. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

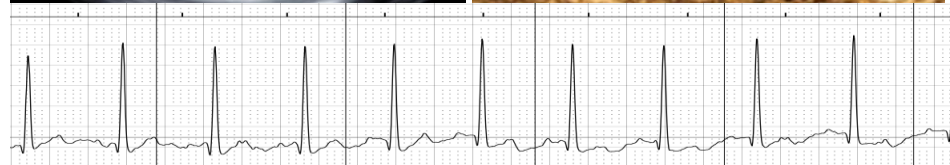
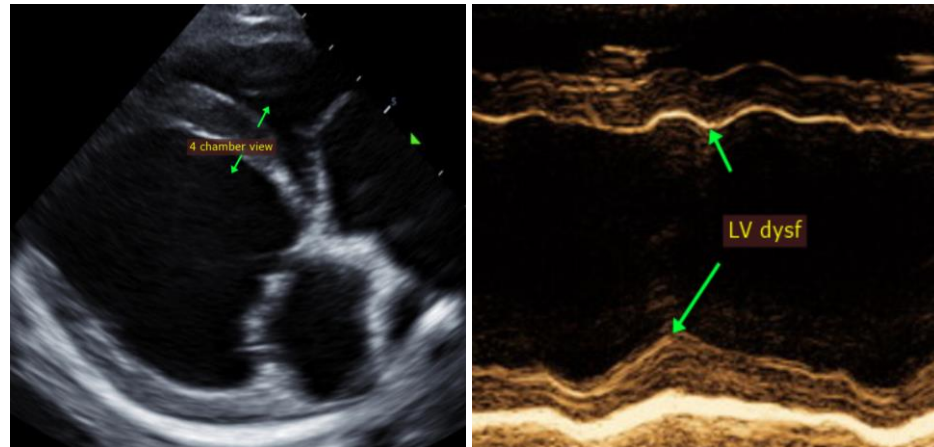
Monitor for development of a cough, worsening labored breathing, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

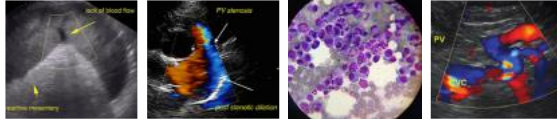
**PLAN**

Continue Lasix, Pimobendan, Spironolactone and Taurine as prescribed.

Recheck echocardiogram and ECG in 6 months to screen for progression.

**IMAGES**





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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.

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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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Staffordshire Mix

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

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