



PATIENT

Zeus Bergeron

SPECIES

Canine

BREED

Mix

SEX

Male Neutered

AGE

11 years

WEIGHT

79lbs

PRESENTING CLINICAL SIGNS

History: BNP elevated (1706). Acting "off", not himself, irritable - very unlike him (retired police dog). Sneezing, coughing, clear nasal discharge, intermittent x 1-2 weeks. On Apoquel 16mg SID *No sedation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency. Mildly enlarged aortic root.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with mild to moderate tricuspid regurgitation. Normal velocity.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 100bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	2.6
LA diam (cm)	2.5
LA:Ao (Swe)	0.95
IVS thickness (cm)	1.1
LVID diastole (cm)	3.9
PW thickness (cm)	1.1
LVID systole (cm)	2.8
FS (%)	29

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

The only abnormalities identified are mild TR and a mildly dilated aortic root. The latter finding may reflect systemic hypertension and a baseline blood pressure is certainly recommended. A tricuspid leak likely reflects early valve disease, which is well compensated for at this time. No pulmonary hypertension or other cognition issues are identified. The overall cardiac dimensions and function in this patient appear normal.

HOSPITAL NAME

Foster Veterinary
Clinic

REFERRING VET

Dr. Hattan

INVOICE

21121

DATE

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No obvious cause of BNP is seen here, and other possibilities should be considered, such as systemic hypertension or renal insufficiency, etc. A false positive is also possible; however, serial monitoring of cardiac changes is advised. No obvious cardiac contribution to clinical changes is suspected (aside from possibly SHT), and alternatives should be considered.



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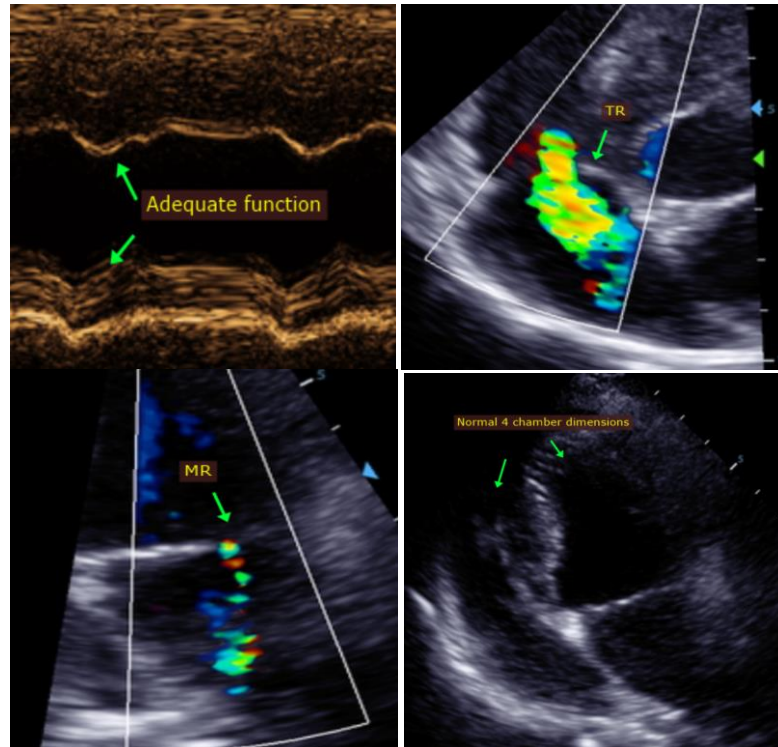
RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Baseline BP is strongly recommended.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 12 months 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.

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