



**PATIENT**

Quil Johnson

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

Male Neutered

**AGE**

14 years

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Chronic cough with a history of SHT. On Amlodipine. BP yesterday was 190mmHg. Grade 4/6 murmur.  
-CXR report: Pulmonary mass. No CHF.  
-Abnormal PE/Chem/CBC/UA Results: CBC: Neut 11.65; mono 2.01 PCV 44% TS 9.0g/dl Chemistry: BUN 68 TP 9.0 Alb 4.6 ALKP 951 ALT 223 UA: 1.018.  
-Pertinent previous echo findings (2/2020 MML): Mild MR, no LAE, mild TR: 2.3m/s. LA; 1.58, LV; 2.2.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with minimal left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Normal TR velocity. 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. Normal pulmonic and aortic outflow velocities with laminar flow. Trace aortic and no pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses. A soft tissue lesion can be seen just cranial to the diaphragm (4.6 x 6.2cm).

**CARDIAC CHART**

**WEIGHT**

15lbs

**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

**INVOICE**

21151

**DATE**

9/21/21

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	5.7	2.7	NM	1.4	45	78	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	2.2	1.0	6.8	1.9	2.6	1.4
*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)
<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 persists without evidence of significant progression. Mild mitral and tricuspid regurgitation are unchanged with minimal increases in left heart dimensions. The soft tissue mass is visualized cranial to the diaphragm and further evaluation is advised.



**PATIENT**

Quil Johnson

Given these findings, the cough remains noncardiac in origin and no medications are clearly indicated.

**SPECIES**

Canine

The reported blood pressure is persistently elevated despite Amlodipine therapy and a dose increase may be warranted. Consider reassessing the value as a sole reason for a visit. Consultation with an Internal Medicine Specialist may be warranted.

**BREED**

Bichon Frise

Continued assessment of progression in the future will help predict long term prognosis, which remains 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.

**SEX**

Male Neutered

No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised.

**AGE**

14 years

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

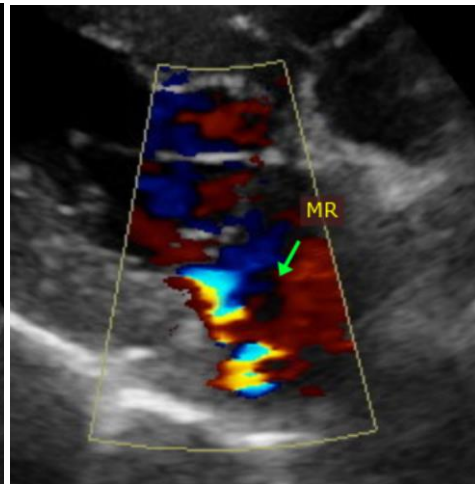
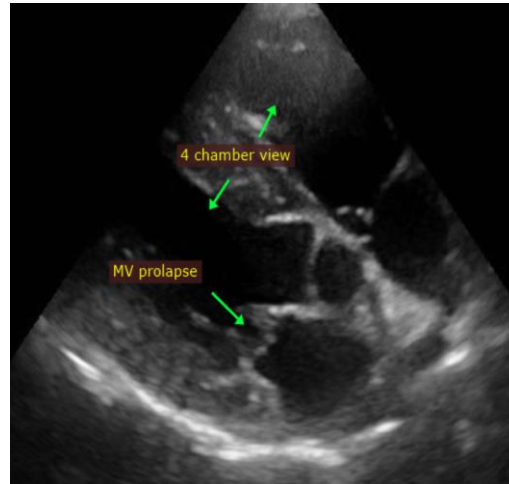
**WEIGHT**

15lbs

**IMAGES**

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)



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.

**IMAGING PERFORMED BY**

Loetitia St-Jacques,  
LVT/RVT

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.

**HOSPITAL NAME**

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