
PATIENT

Callisto Gardiner

PRESENTING CLINICAL SIGNS

History: Temp 38.8, HR 96, MM pink and moist, CRT <2 sec. QAR Bilateral conjunctivitis NAF on abdominal palpation Mildly puffy vulva. Mild palmar/plantar erythema and history of foot licking/chewing. Had previous bout of Kennel cough and then most recently episode of Vomiting and Diarrhea.

SPECIES

Canine

-Current medications: 60 mg cerenia sid, 20mg omeprazole sid, 5ml sulcrate q8h, 500mg metronidazole q12h.

BREED

Bouvier

-Abnormal lab results: NSF. No significant cardiomegaly on single lateral film. Awaiting results of Cortisol.

SEX

Female Spayed

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. Trace mitral regurgitation with minimal left atrial dilation. No LV dilation with mild decline in myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. 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. No AI or PI. No pericardial or pleural effusion noted. No obvious cardiac masses.

AGE

5 years

CARDIAC CHART
WEIGHT

87.3lbs

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	NA	NA	1.3	1.3	25	48	0.65
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	1.4	0.97	39.6	2.9	4.6	3.4
*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)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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)

HOSPITAL NAME

 SimcoeAnimal
 Hospital

REFERRING VET

Dr. Gardiner

INVOICE

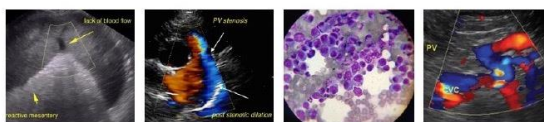
21183

DATE

8/22/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild LV dysfunction is identified. While it is certainly possible this degree of dysfunction is a normal variant (i.e., non-progressive), a FS of 25% should certainly be monitored. No



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additional issues are identified, and the LA is minimally dilated, indicating a low risk for complication at this time.

SPECIES

Canine

Given the echo findings and the recent evidence of grain free/boutique diets leading to DCM in some (but certainly not all) dogs, highly recommend a thorough diet history in this patient. If grain free or boutique brand, recommend immediate change to a more standard well formulated diet. A taurine level can be submitted; however, regardless of result a taurine supplement is also recommended. Finally, hypothyroidism can cause decreased myocardial function, and a baseline thyroid panel is recommended. No medications are indicated at this time.

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These findings are suspected to be incidental and unrelated to current clinical issues. Continued systemic evaluation is advised.

AGE

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Monitor for development of a progressive heart murmur, cough, labored breathing, exercise intolerance or collapse episodes. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

WEIGHT

87.3lbs

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.

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

PLAN

Diet history recommended as discussed. Recommend taurine supplement, 1000mg PO q12h. Consider full thyroid panel.

Recommend conservative monitoring with a recheck echocardiogram in 4-6 months, sooner if any development of clinical signs or a heart murmur.

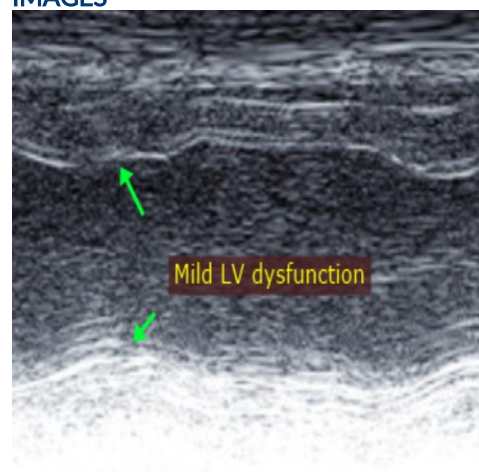
IMAGING PERFORMED BY

Crystal Hill, RVT

IMAGES

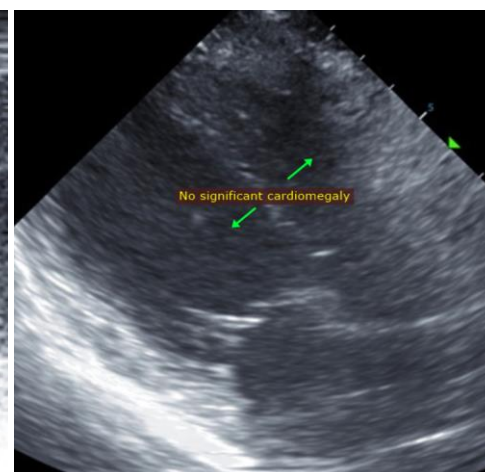
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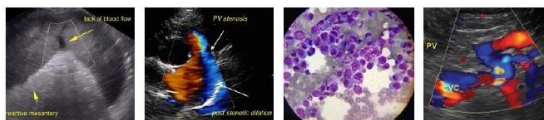


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Bouvier

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

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