



PATIENT

Chloe Parker

SPECIES

Canine

BREED

Retriever Mix

SEX

Female Spayed

AGE

1 year

WEIGHT

64lbs

PRESENTING CLINICAL SIGNS

History: At spay, EKG showed left axis deviation. rDVM did an x ray, suspected right heart enlargement and interstitial pattern; radiologist said normal thorax. Sinus bradycardia noted at annual exam on 9/13. Chronic cough, treated with cough tabs, doxy. BP: 119, 120, 121mmHg.

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. No MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity depending on heart rate; laminar flow. No aortic insufficiency.

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 no tricuspid regurgitation.

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 150bpm.

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Halifax Veterinary
 Service

REFERRING VET

Dr. Hopkins

INVOICE

26538

DATE

9/23/22

2-Dimensional Measurements

Ao diam (cm)	2.5
LA diam (cm)	2.5
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.9
LVID diastole (cm)	4.1
PW thickness (cm)	0.9
LVID systole (cm)	2.7
FS (%)	33

Doppler Measurements

PV Vmax (m/s)	0.93
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. The overall dimensions are normal with no evidence of significant structural disease. Follow up is advised should a murmur be ausculted in the future. No additional issues are identified.

Given these findings, the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc.).

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Further cough evaluation/treatment as discussed.
- No cardiac contraindication for general anesthesia.



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- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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PLAN

- Recommend conservative monitoring with a recheck echocardiogram should a murmur or signs of cardiac compromise be noted in the future.

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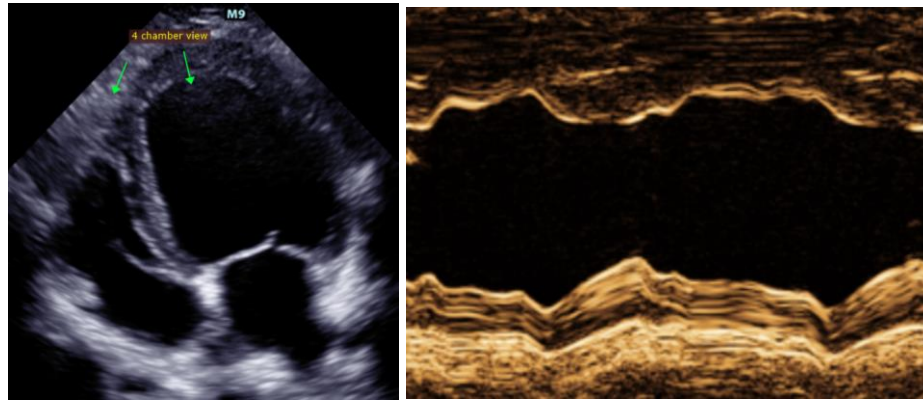
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IMAGES



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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

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.

**IMAGING
PERFORMED BY**

Pamela Harrigan,
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