

PATIENT

Akira Davis

SPECIES

Canine

BREED

Akita Mix

SEX

FS

AGE

11y

WEIGHT

83.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Fricke

INVOICE

21204

DATE

9/24/21

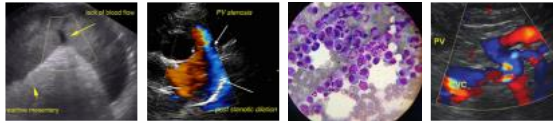
PRESENTING CLINICAL SIGNS

History: Persistent hypersalivation, regurgitation of mucoid saliva during and following extended anesthesia for a dental procedure August 18, 2021. Poor appetite. Initial radiographs were suspicious for bronchopneumonia; patient improved on oral antibiotics and Cerenia, then relapsed off antibiotics. Restarting antibiotics did not improve appetite or reduce salivation. Recheck radiographs showed normal thoracic structures. Akira has improved temporarily with manual therapy of the head and neck, but signs recur after a few days. Anesthesia to remove the final fractured tooth done on 9/22/2021. Signs worsened again after anesthesia: hypersalivation, vomiting, inappetance. Current Medications Hydromorphone, Meloxicam injections given 9/23/21. Abnormal PE/Chem/CBC/UA Results: 9-14-21 NSF
BP: 111, 171, 148, 177mmHg

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Normal cardiac silhouette. No obvious evidence of CHF.

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 83-125bpm). 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 other dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with respiratory variation.

ECHOCARDIOGRAM FINDINGS
2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. No mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trace 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 obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.



PATIENT CARDIAC CHART

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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	1.0	1.1	35	65	0.58
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	110	1.1	1.0	38	2.4	3.4	2.2
*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)
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 Clin North Am 15:1177, 1995				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

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. Trace TR is considered physiologic and of little hemodynamic significance. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension.

The submitted ECG is normal, with no evidence of dysrhythmias. If these findings do not reflect what was ausculted on exam (ie premature beats), a longer recording or potentially a holter monitor may be necessary.

Findings would suggest the current clinical issues are certainly noncardiac in origin.

The reported blood pressures are too variable to interpret. Ideally obtain serial measurements in a controlled, low stress environment and continue until the readings plateau within 5mmHg of variability for 3+ readings.

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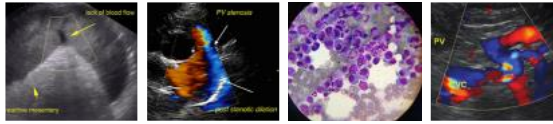
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Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

A recheck echocardiogram is recommended should a significant murmur develop or signs of cardiac compromise be noted in the future.



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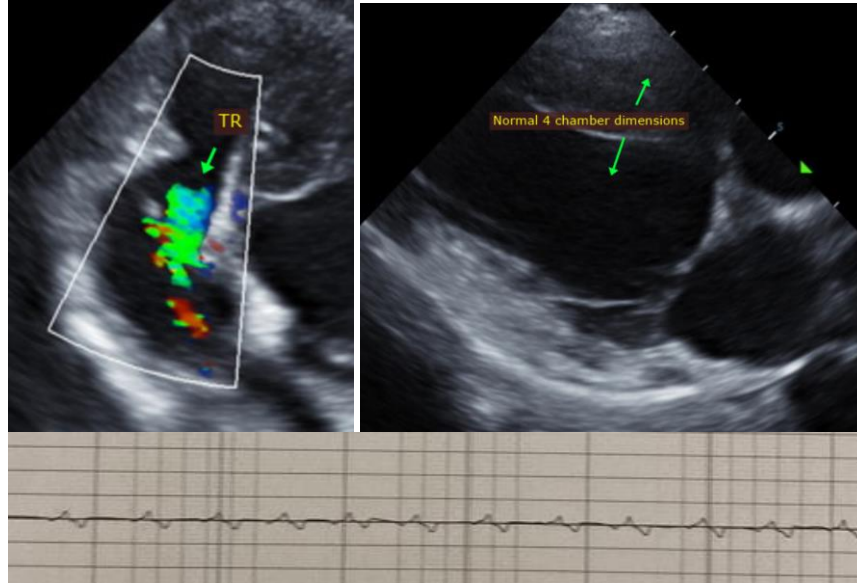
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IMAGES



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.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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