



## PATIENT

Seamus Swansen

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Male Intact

## AGE

10 years

## WEIGHT

91.1lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Crystal Hill, RVT

## HOSPITAL NAME

Simcoe Animal  
Hospital

## REFERRING VET

Dr. Kennedy

## INVOICE

26577

## DATE

9/27/22

## PRESENTING CLINICAL SIGNS

History: Acute onset cough. Was in contact with dogs who had Kennel cough. No response to 10 days of Clavamox 550mg/kg and Cerenia 2mg/kg PO q24h for 4 days. Has been on Furosemide for 10 days with improvement.  
-Pertinent abnormal lab results: NSF.

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

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Trace central mitral regurgitation with no left atrial dilation. Normal LV diameter with mildly depressed myocardial function. The tricuspid valve appears normal with no obvious 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. The pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

## CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	NM	2.0	1.1	1.1	24	45	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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	NM	1.3	1.4	41.3	2.5	4.5	3.4
*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)

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



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

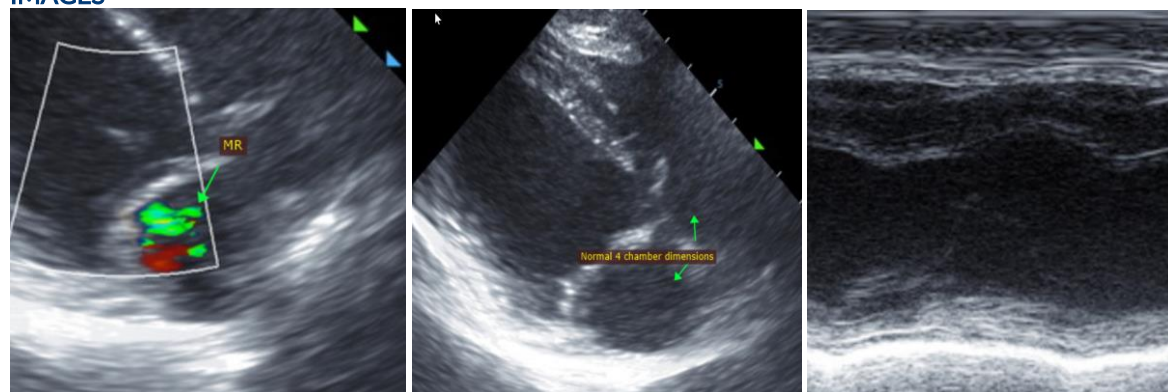
Overtly normal cardiac dimensions are identified in this study. The only abnormality appreciated is mild LV dysfunction. While a normal variant is possible (particularly in the absence of dilation), consider ruling on contributing issues such as hypothyroidism or an atypical diet. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension.

No cardiac medications are indicated at this time as the cough appears non-cardiac in origin. Lasix can be safely discontinued. Continued work up for infectious/inflammatory respiratory causes is recommended. Options include Baytril or similar antibiotic, anti-inflammatory prednisone, aggressive hydrocodone, etc. If refractory, may consider TTW/BAL for further information.

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

Chronic respiratory issues can lead to pulmonary hypertension if poorly controlled and a recheck echocardiogram is recommended to screen for this development and reassess LV function in 6-12 months.

**IMAGES**



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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.

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.

**Maggie Machen Lamy, DVM**  
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