


PATIENT

Macho Nemethy

SPECIES

Canine

BREED

Poodle

SEX

Male Neutered

AGE

11 years

WEIGHT

5.6kgs

PRESENTING CLINICAL SIGNS

History: Dull, sternal recumbency (able to stand up if prompt), mm pink tacky, crt <2s Normal skin tent, ~5-8% dehydrated Not doing better - still No in food. No vomiting since cerenia, but not eating Just lying around at home, minimal defecation and urination - but p not eating nor drinking O started noticing small skin scabs on back and near penis. Vomiting - has not in the last 24hrs Na;K 28, Mild leukocytosis with band cells Musculoskeletal: Hard to assess ambulation as p not wanting to move. Able to stand, but weak. Did not respond to neck palpation on exam today (appear more dull >> painful today) currently on: Buprenorphine Oral, Metronidazole, Metacam, Methocarbamol, Gabapentin

Abnormal PE/Chem/CBC/UA Results: ALB 21 g/L TP: 51 g/L Cl: 107 mmol/L WBC: 19.9 x10⁹/L MCV: 61.4 fL MPV: 14.4 fL rads: Normal thorax/abd

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. Small LV diameter with adequate myocardial function. LV walls appear increased, most consistent with pseudohypertrophy. 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 obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART
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			1.0	1.0	47	90	0.27
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	180	0.87	0.5	5.6	1.5	1.7	0.9
*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)
<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)

HOSPITAL NAME

BPH Burlington

REFERRING VET

Dr. Murota

INVOICE

21244

DATE

9/28/21



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IMAGING PERFORMED BY

Kelly Reschny, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function are documented in this study. There is evidence of suspect pseudohypertrophy (typically caused by dehydration/hypovolemia) as seen by increased LV wall thickness and a small LVIDd dimension. This is not surprising in a systemically ill patient; however, reassessing labs may be useful. Additionally a baseline BP assessment is advised. No additional issues are identified.

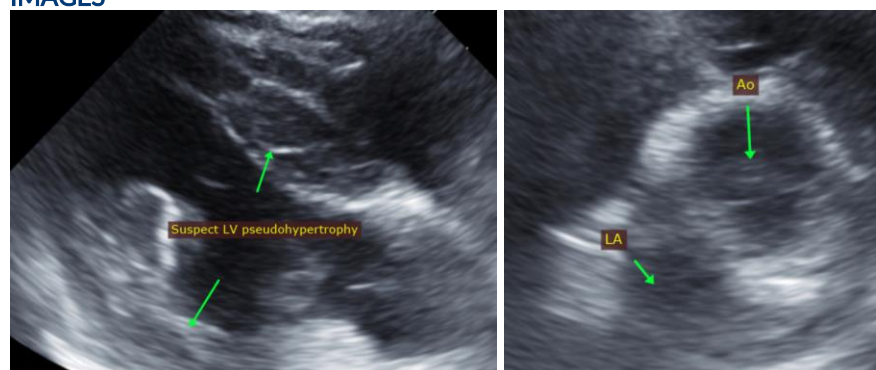
No medications are indicated. No cardiac contribution to the current clinical issues is suspected.

Pending lab results, no structural cardiac contraindication for general anesthesia.

Monitor for signs of cardiac compromise, including development of a cough, labored breathing or syncopal episodes.

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

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.

HOSPITAL NAME

BPH Burlington

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

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