



PATIENT

Gucci Longenecker

SPECIES

Canine

BREED

French Bulldog

SEX

Female Spayed

AGE

2 years

WEIGHT

25.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

The Village
Veterinarian

REFERRING VET

Dr. Longenecker

PRESENTING CLINICAL SIGNS

History: Recheck pulmonic stenosis. Increased episodes of exertional syncope.

-Current Medications: Atenolol 12.5mg BID.

-Pertinent previous echo findings (2/2021 MML): Severe PS: 6.7m/s. Marked RVH.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. No mitral regurgitation. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. The LV wall appears normal. The tricuspid valve appears mildly elongated with mild insufficiency seen. Moderate right atrial dilation. Marked right ventricular hypertrophy and remodeling indicative of pressure overload. Right ventricular mildly dilated. Pulmonic outflow velocities are severely elevated at the level of the valve. The pulmonic valve appears thickened, and a valvular stenosis is suspected. There is mild post-stenotic dilation of the main pulmonary artery and branches. No pulmonic insufficiency. The aortic valve appears to have normal morphology and mobility. No obvious cardiac shunts are present. No pericardial or pleural effusion noted.

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)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NA	4.3	NM	1.2	46	79	0.11
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	100	1.5	5.3	11.4	1.4	3.0	1.6
*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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely unchanged severe valvular pulmonic stenosis. The degree of RV changes remain significant despite the heart rate being well controlled. TR is unchanged, and no obvious additional issues are identified.

Given these findings, continue Atenolol as prescribed. Exertional syncope may reflect inadequate heart rate control although the recorded rate during the echo is reasonable (100bpm). I would not

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necessarily change this dose unless elevated heart rates are documented during the episodes. A holter monitor can be considered if the episodes continue to increase in frequency.

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Additionally, exercise restriction is advised lifelong as stress/exertion will certainly lead to worsening of the obstruction.

BREED

French Bulldog

Anesthetic risk is moderately elevated at this time. Referral to a facility with an Anesthesiologist should be considered. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless absolutely necessary. Avoid vasodilators such as acepromazine. Mild IV fluid restriction is advised. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 if possible. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary.

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Prognosis remains guarded long-term with risk for right-sided CHF, worsening syncope and/or sudden death in the future.

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PLAN

Continue atenolol as prescribed. If episodes continue to increase in frequency, a holter monitor should be considered.

WEIGHT

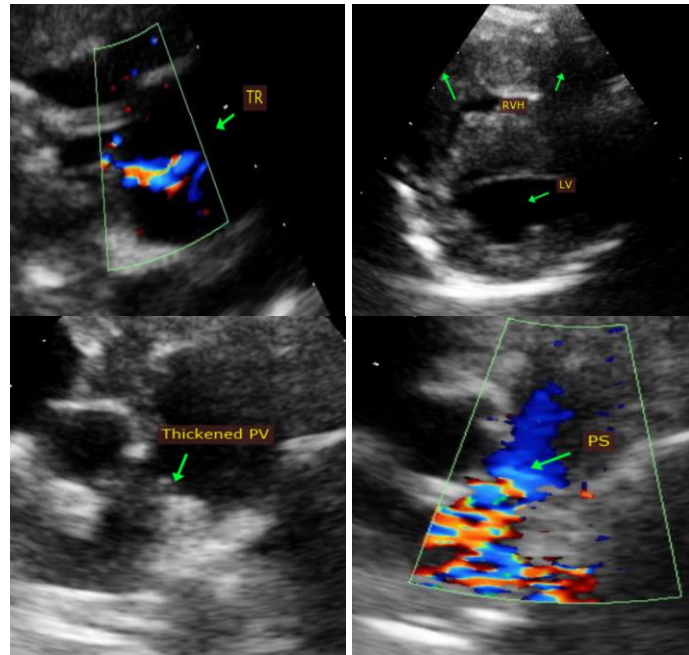
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An echocardiogram is recommended annually, sooner if clinical signs arise.

IMAGES

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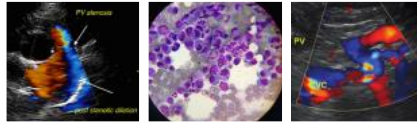
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. This report was generated using transcription software, and minor dictation



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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.

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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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