



PATIENT

Dede Lu

SPECIES

Canine

BREED

Bichon Mix

SEX

Male Neutered

AGE

13 years

WEIGHT

13.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

C. Belan, DVM

HOSPITAL NAME

McKnight 24 Hr
Animal Hospital

REFERRING VET

Dr. Gruffydd

INVOICE

20915

DATE

9/7/21

PRESENTING CLINICAL SIGNS

History: Patient had an episode of syncope when placed in the tub of water at the groomers earlier today. 2/6 left sided murmur.

-Chest x rays: Unremarkable, VHS 9.86. Ab US done same time showed hyperechoic granular gravid dependent sludge in the gallbladder, thickened bladder wall consistent with cystitis, Some fluid filled small intestines. Enlarged hypoechoic pancreas with no hyperechoic adjacent mesentery.

-Abnormal PE/Chem/CBC/UA Results: Mild elevation ALT, ALPK.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trace central mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with trace tricuspid regurgitation. Normal velocity. 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. Trace aortic insufficiency. No 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)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	1.8	NM	1.3	40	74	0.35
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	125	0.5	0.55	6.3	2.0	2.3	1.4
*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

Chronic degenerative valve disease causing trace leaks in three out of four valves. The overall cardiac dimensions and function are normal, indicating the disease is subclinical at this time. No additional issues are identified such as obvious pulmonary hypertension. A baseline blood pressure is recommended in any patient with an aortic leak.



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No structural cause for syncope is seen in this study. Given the situational component of the episode, a vaso-vagal event is suspected. Follow up is certainly advised, particularly should any episodes occur in the future. A baseline ECG may be useful given the episodes and somewhat irregular rate and rhythm throughout the study.

SPECIES

Canine

Given these, no cardiac medications are clearly indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

BREED

Bichon Mix

No cardiac contraindication for general anesthesia prior to chamber enlargement.

SEX

Male Neutered

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

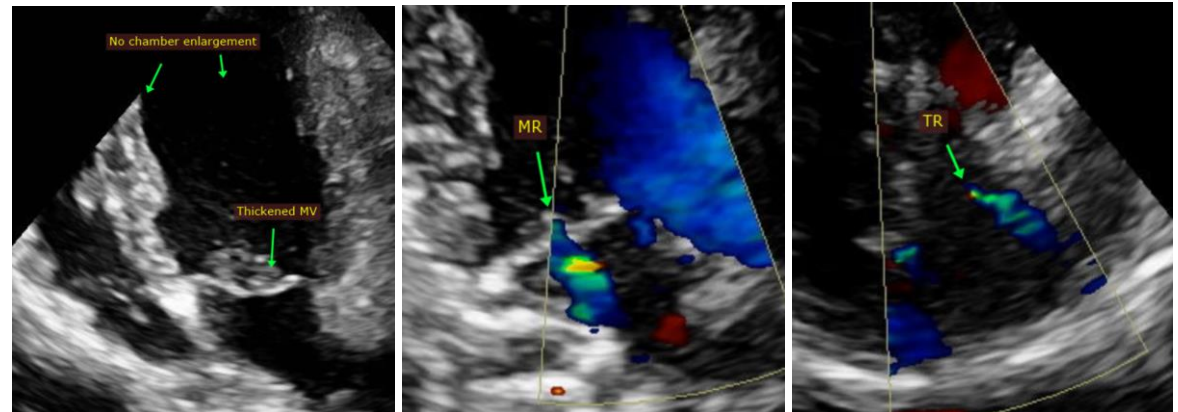
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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C. Belan, DVM

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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.

REFERRING VET

Dr. Gruffydd

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