



PATIENT

Ryley Baker

SPECIES

Canine

BREED

Lab Mix

SEX

Male Neutered

AGE

11 years

WEIGHT

92.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

C. Belan, DVM

HOSPITAL NAME

McKnight 24 Hour
Animal Hospital

REFERRING VET

Dr. Malaguti

PRESENTING CLINICAL SIGNS

History: Recheck echo. Patient has been on heart medications as per previous report. Patient was uncomfortable during the exam with intermittent cough and increased respirations.

-Pertinent previous echo findings (12/2020 MML): Marked LVE, FS: 10-12%, moderate LAE, mild to moderate MR, mild RHE, trace TR. LVIDd: 7.0, LVIDs: 6.2, LA: 4.2, LA/AO: 1.69. Spironolactone, Pimobendan, Furosemide, Taurine and ACE-I were recommended.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Marked left ventricular dilation with decreased systolic function and increased sphericity. Decreased LV wall thickness. Increased EPSS. Moderate left atrial enlargement. The mitral valve appears mildly thickened, with no obvious prolapse into the left atrial lumen. Mild eccentric mitral regurgitation. Decreased velocity. Tricuspid valve appears normal in form and function. Mild right atrial and ventricular dilation. Trace tricuspid regurgitation. Normal velocity. The aortic valve is normal in morphology and mobility. No aortic or pulmonic insufficiency. Normal LVOT and RVOT velocity. No pericardial or pleural effusion noted. No obvious cardiac tumors.

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 | 4.6 | 2.5 | 1.8 | 1.8 | 10 | 21 | 1.7 |
| 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 | 1.0 | 0.8 | 42.0 | 4.0 | 7.5 | 6.7 |
| *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 structural disease is identified in this study. Systolic dysfunction remains marked and the LV progressively dilated; however, the remaining parameters are similar. The LA id moderately dilated, indicating risk for complication going forward. Finally, dramatic heart rate variability is noted (range 100->180bpm), and a baseline ECG is strongly recommended. Even without significant progression, the patient is at high risk for right and/or left-sided CHF, development of arrhythmias/syncope and/or sudden death going forward.

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Given these findings, full cardiac support should be continued. Breathing discomfort is noted on exam and if recurrent CHF is suspected or confirmed an increase in Lasix is recommended.

SPECIES

Canine

Elective anesthesia is not advised due to exceedingly high risk for complications.

BREED

Lab Mix

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, worsening labored breathing, abdominal distention, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

SEX

Male Neutered

PLAN:

If CHF is suspected or confirmed (consider CXR), increase Lasix by 25-50%. Continue previously recommended medications as dictated by the prior report. Baseline ECG recommended.

AGE

11 years

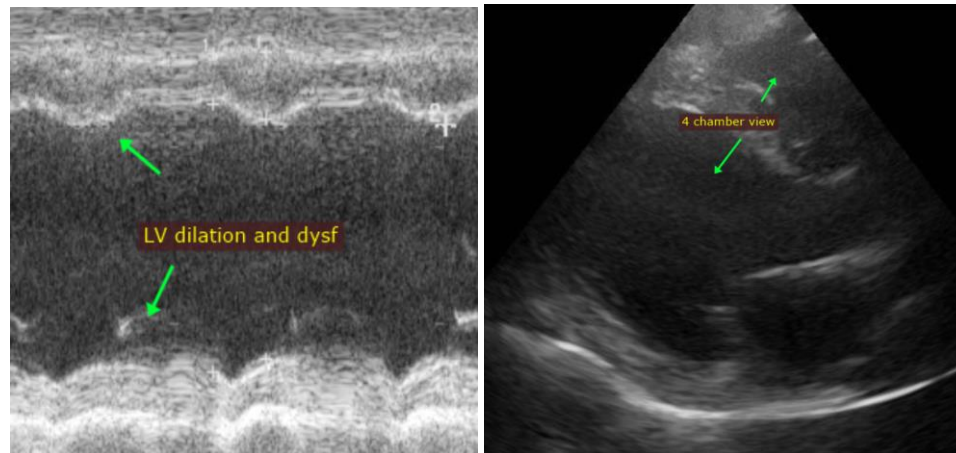
Monitor a renal panel and blood pressure in 3-4 weeks to ensure tolerance.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical issues arise in the interim.

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.

REFERRING VET

Dr. Malaguti

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.

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