


PATIENT

Solo Bennett

PRESENTING CLINICAL SIGNS

History: Chronic refractory diarrhea. Hypoalbuminemia. Diagnosed 6 months ago with CVD.

SPECIES

Canine

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. Mild central mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. 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.

BREED

Portugese Water Dog

SEX

Male Neutered

CARDIAC CHART
AGE

7 years

| 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 | NA | 1.2 | 1.3 | 32 | 60 | 0.6 | |
| 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 | NM | 1.3 | 1.1 | 21.8 | 3.0 | 4.1 | 2.8 | |
| *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) |
| *Note: All measurements based upon multi-modal images and methods. An average value is reported. | | | | | 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) |
| Adapted from June Boon, Veterinary Echocardiography, 1998 | | | | | 25 | 2.18 (2.4) | 4.48 (2.9) | 3.10 (2.5) |
| Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435 | | | | | 30 | 2.33 (3.3) | 4.83 (3.9) | 3.39 (3.4) |
| Hansson et al, Vet Rad and Ultrasound 2002 | | | | | 35 | 2.48 (4.3) | 5.17 (5.0) | 3.69 (4.5) |
| Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995 | | | | | 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) |

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Hawkins Animal Hospital

REFERRING VET

Dr.Hawkins

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study.

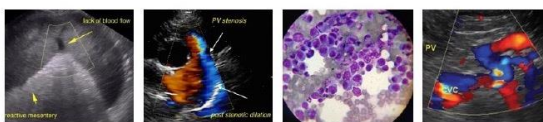
INVOICE

20957

DATE

9/9/21

In an asymptomatic dog with no significant left atrial enlargement, 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. 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.



PATIENT

Solo Bennett No cardiac contraindication for general anesthesia prior to chamber enlargement.

SPECIES

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

IMAGES

BREED

Portugese Water Dog

SEX

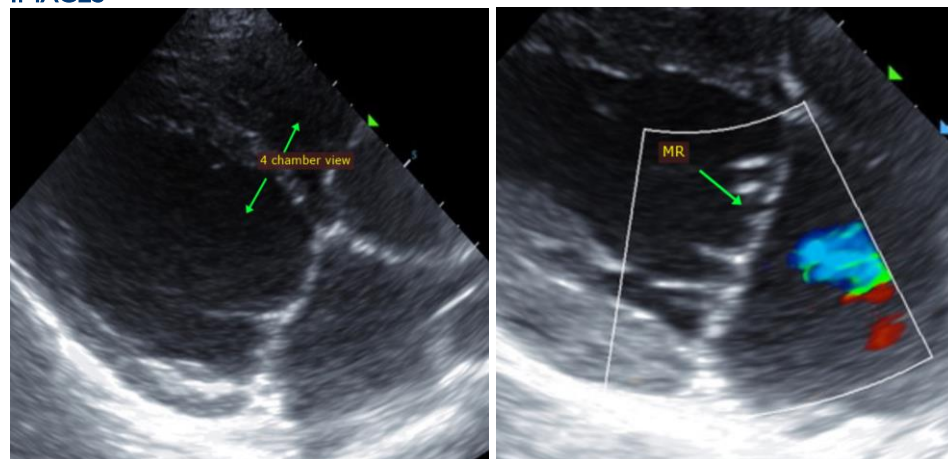
Male Neutered

AGE

7 years

WEIGHT

48.1lbs



INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Crystal Hill, RVT

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