
PATIENT PRESENTING CLINICAL SIGNS

Pudgy Tenny
SPECIES Canine
BREED Great Pyrenees Cross
SEX Neutered male
AGE 11 yrs
WEIGHT 86.9 lbs

History: Hyporexia -Pale mm -Increased LEs -Dehydration -Lethargy with episodes of collapse - Mildly increased effort. Normal bronchovesicular sounds bilaterally. No crackles or wheezes. No nasal discharge. -Mildly distended, no palpable masses or fluid wave, non painful. -Ambulatory x4, mild tetraparesis. Heart murmur Meds: Gabapentin 300mg 1 capsule q 8-12 hours, Welactin, B12
 Abnormal PE/Chem/CBC/UA Results: - CBC/Chem: Alb 4.5 (H), ALP 395 (H), ALT 127 (H), Ca 11.8, Creat 1.3, HCT 56.8 (H), Plt 161 (L) - Manual Platelet count: 183k

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Minor **mitral** valve insufficiency was noted. This is trivial and not clinically significant. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. Trivial **tricuspid** insufficiency was noted and measured 1.4 m/sec. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

INTERPRETED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM
 (Small Animal Internal
 Medicine)

IMAGING PERFORMED BY

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 (Small Animal Internal
 Medicine)

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr. Clayton

INVOICE

96660

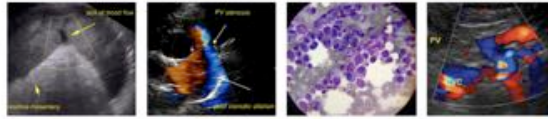
DATE

3/8/22

CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swe)	(%)	(%)	(cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			NM	1.3	30		0.4
CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
CARDIAC PARAMETERS	(BPM)	VMAX (m/s)	MAX (m/s)		2D short axis Base view (cm)	Avg; 2D and m-mode short axis (cm)	Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT		1.0	0.9	86.9 lbs	3.75 max	3.0	

ULTRASONOGRAPHIC FINDINGS

Normal echocardiogram with minor mitral and tricuspid insufficiency, not clinically significant.
 No evidence of volume overload or structural cardiac changes.



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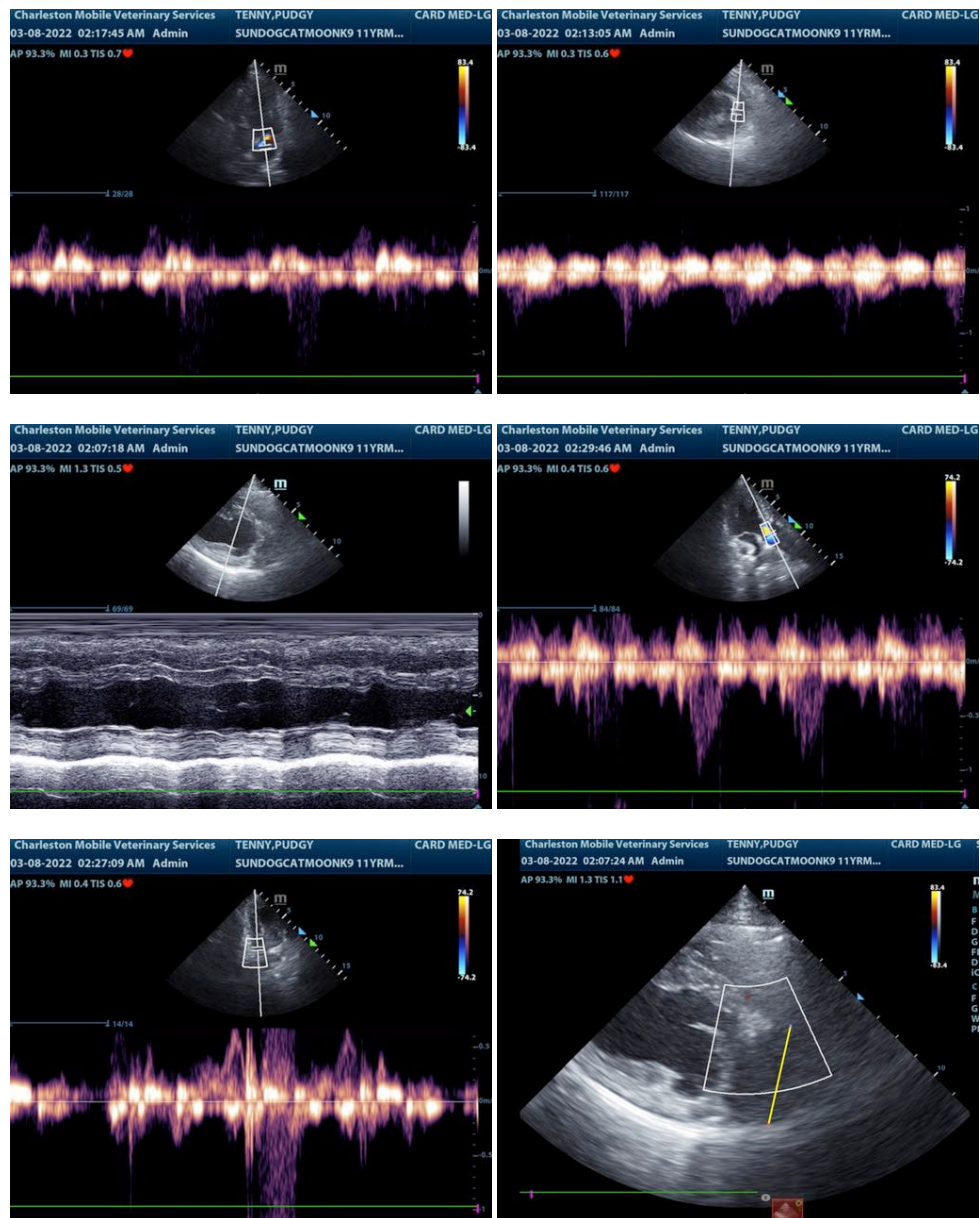
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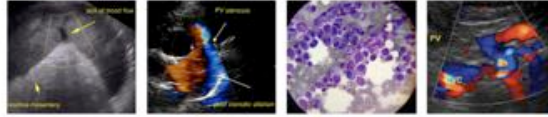
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

B1: The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflurane maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.





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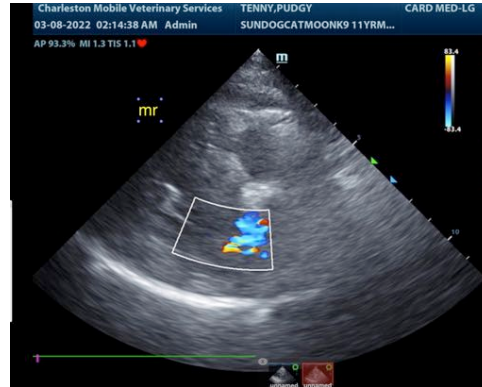
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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