



PATIENT PRESENTING CLINICAL SIGNS

Lillie Mallo
SPECIES
 History: Patient went to ER on 1/14/22 for collapse and laryngeal paralysis. Patient seen 1/15/22 for excessive panting and recheck. Patient on Galliprant 60mg 1 tab PO SID to prn for pain due to digital flexors tendonitis and previous L ACL partial tear. Echo warranted to rule out heart abnormalities prior to laryngeal surgery. NSF on thoracic, neck, abdominal radiographs.

Canine
 Abnormal PE/Chem/CBC/UA Results: elevated ALK Phos CBC, chem, T4, cPL, Lytes, SDMA cardiopet, fructosamine and Bile Acids all neg.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Portuguese Water Dog

SEX

Spayed Female

AGE

13 Years

WEIGHT

65.6 Lbs.

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Swearingen, Village
 Vet Clinic

INVOICE

13501

DATE

1/19/22

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	1.26	37.5	70.9	0.23
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	162	1.65	0.9	--	3.5	3.2	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. 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.

ULTRASONOGRAPHIC FINDINGS



PATIENT • Normal echocardiogram

Lillie Mallo **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Normal cardiac structure and function without clinical issues, such as systolic dysfunction, left or right heart chamber enlargement or valvular insufficiencies noted. No anesthetic contraindications.

SPECIES

Canine Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

BREED

<https://www.antechdiagnostics.com/cadet-braf>

Portuguese Water Dog

ECG assessment recommended prior to potential anesthesia to assess for possible arrhythmogenic disease, however, no evidence of arrhythmia was present in the study. Screening blood pressure suggested prior to potential anesthesia.

SEX

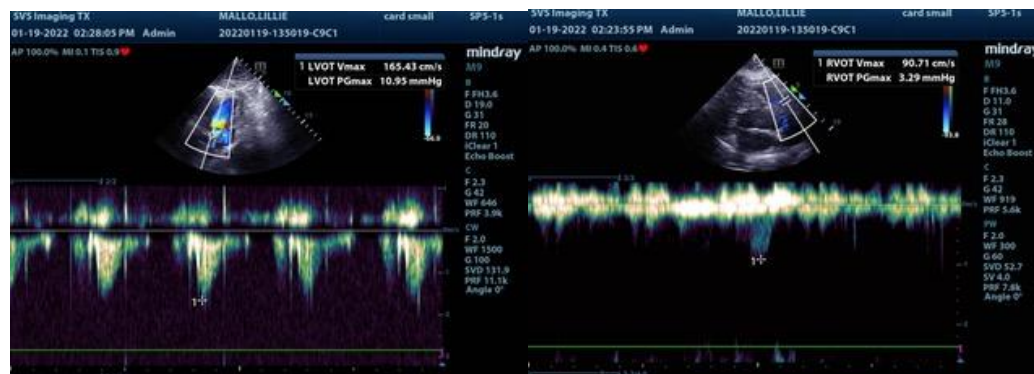
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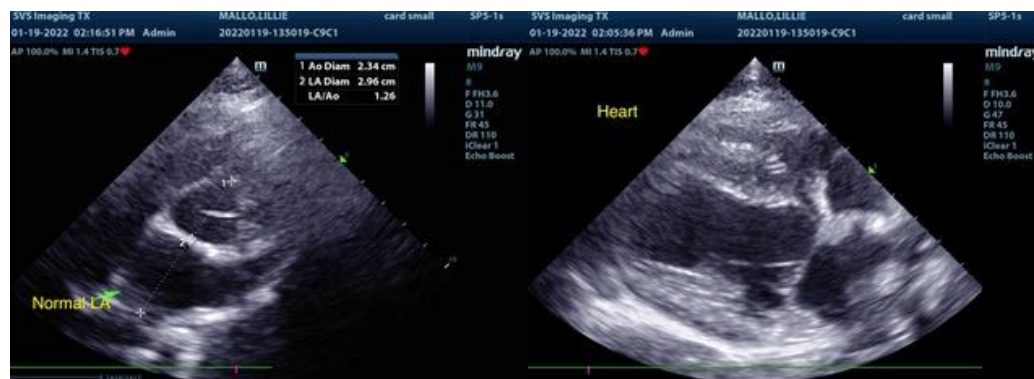
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INVOICE

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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.

DATE

1/19/22

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