#### Cardiologic examination report

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| --- | --- |
| καρτα2 | **Ημ/νια: {{ date }}**  **---**  **Mr./Ms. {{ owner }}**  **« {{ petName }} »**  {{ breed }}  {{ sex }}, {{weight }} kg  Age: {{age}} |

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*Master of Science in Veterinary Internal Medicine,*

*Specially trained in Veterinary Cardiology at the*

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*European Society of Veterinary Cardiology member*

** Medical history – clinical examination**

**History :**

* Referring physician:**{% if referVet %} {{referVet}}{% else %} -{% endif %}.**
* Cardiologic examination in account of previous murmur auscultation, during routine clinical examination. {% if historic %}{% for moment in historic %}
* {{ moment }}{% endfor %}
* {% endif %} Radiographic examination: {{radiologicalChestAnalysis}}
* Cardiac medication so far: {% if medication %}{% for med in medication %} **{{med.medicationEngMenu}}** ({{med.doseNumber}} {{med.unitOfMeasurementMenu}} {{med.doseMenu}}),{% endfor %}{% else %} **ουδεμία**{% endif %}**.**

**Clinical findings** :

* {% if rythm %}{{rythm}}{% else %}{% endif %}{% if auditoryFindings %}Cardiac auscultation revealed a {{auditoryFindings.systolicEngMenu}}, {{auditoryFindings.degreeEngMenu}}, {{auditoryFindings.auscultationEngMenu}} murmur, with a PMI at the {{auditoryFindings.auditoryEngMenu}}, {{auditoryFindings.heartEngMenu}} at the {{auditoryFindings.valveEngMenu}}. {% else %}
* Cardiac auscultation was unremarkable. {% endif %}
* {{auditoryLung}}
* {{cough}}
* {{heartRate}}
* {% if mucous %}{% if mucous**==**’ND.’ %}Mucous membranes: {{mucous}} {% else %}{{mucous}}{% endif %}{% endif %}
* {% if dental %}{% if dental **==**’ND.’ %}Dental calculus: {{dental}}{% else %}{{dental}}{% endif %}{% endif %}
* {{bodyWeight}}.
* {{lymph}}

 **Echocardiography exam results**

The examination was performed with cardiac single crystal phased array probes (P 2-9 & P 1-5 mHz).

{% if PDF %}

|  |  |  |  |
| --- | --- | --- | --- |
| **Παράμετροι** |  | **Παράμετροι** |  |
| RVDd | {% if PDF.RVDd %}{{PDF.RVDd}}{% else %}9.9{% endif %} mm | Ao Vmax | Vmax = {% if PDF.AoVmax %}{{PDF.AoVmax}}{% else %}1.15{% endif %} m/s |
| IVSd | {% if PDF.IVSd %}{{PDF.IVSd}}{% else %}9.4{% endif %} mm | P Vmax | Vmax = {% if PDF.PVmax %}{{PDF.PVmax}}{% else %}0.79{% endif %} m/s |
| LVDd | {% if PDF.LVDd %}{{PDF.LVDd}}{% else %}74.6{% endif %} mm | Ant. mitral leaflet | 6.7 mm |
| PWd | {% if PDF.PWd %}{{PDF.PWd}}{% else %}12.4{% endif %} mm | EF (%) | **18** |
| IVSs | {% if PDF.IVSs %}{{PDF.IVSs}}{% else %}12.4{% endif %} mm | Mitral E/A wave | {% if PDF.MitralE %}{{PDF.MitralE}}{% else %}1.38{% endif %}/{% if PDF.Awave %}{{PDF.Awave}}{% else %}0.46{% endif %} ({% if PDF.MVEA %}{{PDF.MVEA}}{% else %}2.98{% endif %}) |
| LVDs | {% if PDF.LVDs %}{{PDF.LVDs}}{% else %}64.7{% endif %} mm | DT | {% if PDF.DT %}{{PDF.DT}}{% else %}64{% endif %} ms |
| PWs | {% if PDF.PWs %}{{PDF.PWs}}{% else %}15.9{% endif %} mm | RA/LA | 0.7 |
| FS | **{% if PDF.FS %}{{PDF.FS}}{% else %}47{% endif %}** % | Mit. reg. Vmax | {% if PDF.MRVmax %}{{PDF.MRVmax}}{% else %}-{% endif %} m/s |
| LA- Ao | {% if PDF.LA %}{{PDF.LA}}{% else %}68.6{% endif %}-{% if PDF.Ao %}{{PDF.Ao}}{% else %}21.3 {% endif %} mm | Tric. reg. Vmax | {% if PDF.TRVmax %}{{PDF.TRVmax}}{% else %}-{% endif %} m/s |
| LA/Ao | **{% if PDF.LAAo %}{{PDF.LAAo}}{% else %}3.22{% endif %}** | PT/Ao | 1 |

{% else %}

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameters** |  | **Parameters** |  |
| RVDd | 9.9 mm | Ao Vmax | Vmax = 1.15 m/s |
| IVSd | 9.4 mm | P Vmax | Vmax = 0.79 m/s |
| LVDd | 74.6 mm | Ant. mitral leaflet | 6.7 mm |
| PWd | 12.4 mm | EF (%) | **18** |
| IVSs | 12.4 mm | Mitral E/A wave | 1.38/0.46 (2.98) |
| LVDs | 64.7 mm | DT | 64 ms |
| PWs | 15.9 mm | RA/LA | 0.7 |
| FS | **13** % | Mit. reg. Vmax | - m/s |
| LA- Ao | 68.6-21.3 mm | Tric. reg. Vmax | - m/s |
| LA/Ao | **3.22** | PT/Ao | 1 |

{% endif %}

## Interpretation

Περιγραφή: Περιγραφή: ac387 **Right parasternal and transventricular short-axis view (m-mode):**

* Increased end-diastolic & end-systolic LV dimensions.
* Decreased contractility of the LV.
* Increased right ventricular dimensions.
* LV & RV wall thinning.

Περιγραφή: Περιγραφή: ac387 **Left atrium examination presents:**

* The left atrial dimensions are increased at the end-systole.
* Moderate regurgitant volume through the mitral valve to the left atrium is present on colour flow Doppler examination.

Περιγραφή: ac387 **Right parasternal and transaortic short-axis view:**

* No anatomic lesions were found at the level of the pulmonary annulus.
* Normal pulmonic flow.
* No pulmonic regurgitation is present.

Περιγραφή: ac387 **Right parasternal long-axis four & five chamber views:**

* Normal appearance of the mitral valve.
* Increased right atrial dimensions.
* Decreased right to left atrial ratio.
* No aortic regurgitation is present.
* No interventricular nor interatrial septal defect was found.

Περιγραφή: ac387 **Left parasternal long-axis four & five chamber views:**

* Luminar aortic flow at the level of the aortic annulus.
* {% if flow %}{{ flow |e}}{% else %}Increased E transmitral peak flow velocity.{% endif %}
* Moderate tricuspid regurgitation is present on colour-flow Doppler.
* Tissue Doppler imaging (**TDI**) shows intense e’ & a’ wave reverse.

Περιγραφή: Περιγραφή: ac387 **Other points:**

* No pericardial nor pleural effusion is present.
* No pulmonary hypertension is present.
* Sinus tachycardia with a few ventricular premature complexes during the examination. Heart rate: 168-195 bpm.
* **ECG findings** : {% if ecg %}{{egc}}{% else %}Ventricular premature complexes of left origin.{% endif %}

### Conclusions

* **Primary dilated cardiomyopathy,** with left & right atrial enlargement, decreased fractional shortening & ejection fraction and increased EPSS. No congestive heart failure signs were noticed{% if AddOn %} and {{AddOn}}{% else %}{% endif %}.
* DCM is not a curable disease but clinical stabilisation and clinical signs control is most of the time achieved with specific medication.
* Paroxysmal ventricular arrhythmias in conjunction with decreased LV contractility possibly provoke fainting episodes.
* The prognosis is cautious.
* A 2nd echocardiographic examination is recommended after {% if checkUp %}{% for che, months, years in checkUp %}{{che}} months (**{{months}} {{years}}**) {% endfor %}{% else %}4-6 months (**November 2020 - January 2021**){% endif %}.

{% if medication2 %}

* Cardiac medication: {% for med2 in medication2 %}

1. **{{med2.medication2EngMenu}}** ({{med2.doseNumber}} {{med2.unitOfMeasurementMenu}} {{med2.doseMenu}}) {% endfor %}{% else%}

* Cardiac medication: **not recommended.**

{% endif %}

**Yours sincerely:**

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