#### Cardiologic examination report

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

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*Master of Science in Veterinary Internal Medicine,*

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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 }}){% if not loop.last %},{% endif %} {% endfor %}{% else %} **None**{% 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 revealed a holosystolic, 4th degree (4/6) regurgitant murmur, with a PMI at the left apex of the heart, at the mitral valve area. {% 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 %}4.3{% endif %} mm | Ao Vmax | Vmax = {% if PDF.AoVmax %}{{ PDF.AoVmax }}{% else %}1.15{% endif %} m/s |
| IVSd | {% if PDF.IVSd %}{{ PDF.IVSd }}{% else %}6{% endif %} mm | P Vmax | Vmax = {% if PDF.PVmax %}{{ PDF.PVmax }}{% else %}0.79{% endif %} m/s |
| LVDd | {% if PDF.LVDd %}{{ PDF.LVDd }}{% else %}43.9{% endif %} mm | Ant. mitral leaflet | 3.9 mm |
| PWd | {% if PDF.PWd %}{{ PDF.PWd }}{% else %}6.7{% endif %} mm | Post. mitral leaflet | 3.5 mm |
| IVSs | {% if PDF.IVSs %}{{ PDF.IVSs }}{% else %}22{% 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 %}12.6{% endif %} mm | DT | {% if PDF.DT %}{{ PDF.DT }}{% else %}64{% endif %} ms |
| PWs | {% if PDF.PWs %}{{ PDF.PWs }}{% else %}11.9{% endif %} mm | RA/LA | 0,9 |
| FS | {% if PDF.FS %}{{ PDF.FS }}{% else %}50{% endif %} % | Mit. reg. Vmax | {% if PDF.MRVmax %}{{ PDF.MRVmax }}{% else %}-{% endif %} m/s |
| LA- Ao | {% if PDF.LA %}{{ PDF.LA }}{% else %}35{% endif %}-{% if PDF.Ao %}{{PDF.Ao}}{% else %}13.6{% endif %} mm | Tric. reg. Vmax | {% if PDF.TRVmax %}{{ PDF.TRVmax }}{% else %}-{% endif %} m/s |
| LA/Ao | {% if PDF.LAAo %}{{ PDF.LAAo }}{% else %}2.5{% endif %} | PT/Ao | 1 |

{% else %}

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameters** |  | **Parameters** |  |
| RVDd | 6.2 mm | Ao Vmax | Vmax = 0.92 m/s |
| IVSd | 6.6 mm | P Vmax | Vmax = 0.71 m/s |
| LVDd | 24.2 mm | Ant. mitral leaflet | 3 mm |
| PWd | 7.4 mm | Post. mitral leaflet | 2.2 mm |
| IVSs | 9 mm | Mitral E/A wave | 0.78/0.56 (1.32) |
| LVDs | 12 mm | DT | 54 ms |
| PWs | 12.8 mm | RA/LA | 0.9 |
| FS | 51 % | Mit. reg. Vmax | - m/s |
| LA- Ao | 15-16.4 mm | Tric. reg. Vmax | 4.28 m/s |
| LA/Ao | 0.9 | PT/Ao | 1 |

{% endif %}

## Interpretation

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

* Normal end-diastolic LV dimensions & normal end-systolic dimensions.
* The contractility of the LV is WNL.
* Normal right ventricular dimensions.

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

* The left atrial dimensions are normal at the end-systole.
* No 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:**

* Mitral valve (anterior leaflet) shows severe thickening and moderate prolapse, compatible with degenerative lessions.
* Increased right atrial dimensions.
* Increased 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 %}Normal transmitral flow velocity.{% endif %}
* Marked tricuspid regurgitation is present on colour-flow Doppler.

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

* No pericardial nor pleural effusion is present.
* No pulmonary hypertension is present.
* {% if ecg %}{{egc}}{% else %} Sinus rhythm (**sinus tachycardia**) during the examination. Heart rate: 120-128 bpm. {% endif %}

### Conclusions

* **Degeneration of the tricuspid valve, with right atrial** **enlargement**{% if AddOn %} and {{ AddOn }}{% else %}{% endif %}.
* Tricuspid valve disease appears rarely in aged, small sized dogs and is characterised by degeneration of one or all tricuspid leaflets, with or without valve prolapse.
* The prognosis is usually favorable, especially in early stages without clinical signalment and it is characterized by good quality of life.
* A 2nd echocardiographic examination is recommended after {% if checkUp %}{% for che, months, years in checkUp %}{{che}} months (**{{months}} {{years}}**) {% endfor %}{% else %}6 months(**September 2022**){% 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:**

**Dr. Theodoros Sinanis**

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