

**DATE PRESENTING CLINICAL SIGNS**

1.12.16 History: Patient had pancreatitis and test are still returning positive even though patient is no longer symptomatic. Managed on low fat diet and probiotics. Recommended screening ultrasound/echo.

**PATIENT**  
-Pertinent abnormal PE/Chem/CBC/UA Results: ALT 134, PLT 605, Amylase 1647.  
-Current medications: Provable capsules.  
-Sedation used: Torbugesic.

Baine Lee -Pertinent previous ultrasound results: No previous.  
-STAT: Not requested.

**SPECIES**  
-Imaging performed by: Andi Parkinson, BS, RDMS.

**Canine ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. No mitral regurgitation is identified. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears subjectively normal, with no tricuspid regurgitation. The right heart is normal (subjective). No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. No aortic abnormalities identified; however, the LVOT velocity is mildly elevated. Normal pulmonic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

**AGE CARDIAC CHART**

1.3.14

**WEIGHT**

30.4lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**HOSPITAL NAME**

VCA Columbia at Centre Park

**REFERRING VET**

Dr. Washington

**INVOICE**

46396

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	NA	NA	NM	1.4	32	60	NM
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	2.5	1.3	13.8	2.1	3.3	2.2
*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)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				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)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The only abnormality identified is increased flow velocity through the LVOT/aortic root. No obvious subaortic ridge or valvular abnormalities are visualized, and in the absence of structural abnormalities

this is considered a benign flow abnormality that may cause a murmur depending on HR. Should a murmur be heard in the future, it is reasonable to monitor periodically via recheck echocardiography. No significant valvular insufficiencies were noted, and no structural issues identified.

No cardiac medications are indicated.

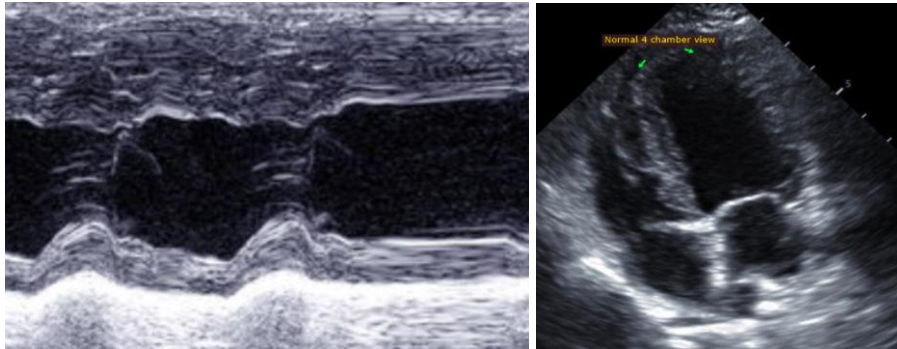
No cardiac contraindication for general anesthesia.

No history is provided, and these findings should be correlated with clinical signs and physical exam findings. This particular breed can have malignant arrhythmias independent of structural disease and should also be considered.

Monitor for any development of cough, labored breathing or exercise intolerance.

Recommend recheck echocardiogram should a murmur be noted in the future.

#### IMAGES



**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.

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