



**PATIENT**  
Daisy Macmillan

**SPECIES**  
Canine

**BREED**  
Airedale Terrier

**SEX**  
Female Spayed

**AGE**  
4 years

**WEIGHT**  
70lbs

**INTERPRETED BY**  
Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**  
Pamela Harrigan,  
RDCS

**HOSPITAL NAME**  
Mass Veterinary Services

**REFERRING VET**  
Dr. Masloski

**INVOICE**  
28649

**DATE**  
1/31/23

**PRESENTING CLINICAL SIGNS**

History: Daisy is referred for murmur evaluation. She is doing well at home with no clinical issues. She is eating well with normal activity level. On exam: panting, NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT <2. \*Sedated with propofol for study.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**Left ventricle:** The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is normal.

**Mitral valve:** The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trivial mitral regurgitation.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** Normal RA dimension.

**Tricuspid valve:** The tricuspid valve appears normal with trivial tricuspid regurgitation. Normal velocity.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 150bpm.

**2-Dimensional Measurements**

Ao diam (cm)	2.2
LA diam (cm)	2.8
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.9
LVID diastole (cm)	4.1
PW thickness (cm)	1.0
LVID systole (cm)	2.9
FS (%)	29

**Doppler Measurements**

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

**INTERPRETATION OF THE FINDINGS**

Overtly normal cardiac structure and function. No cause of the murmur is identified in this study. Trivial MR and TR are noted and may suggest early valve disease and follow up is advised in the future, particularly if a murmur is noted. In the absence of significant volume changes (dehydration) or anemia, other possibilities include a physiologic flow murmur only present with elevated heart rates (**potentially masked by sedation**), or a small flow abnormality not seen here. Baseline lab work is recommended if not recently performed. No other significant valvular insufficiencies were noted, and no structural issues identified.

**RECOMMENDATIONS**

- No cardiac medications are indicated at this time. Monitor for any development of cough, labored breathing or exercise intolerance.
- No cardiac contraindication for general anesthesia.



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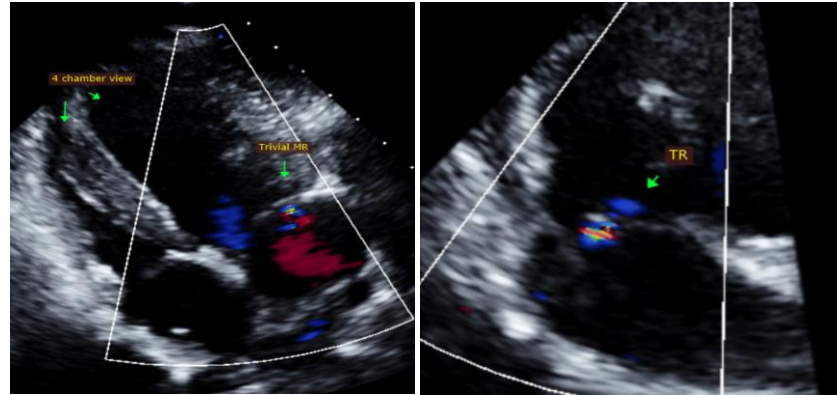
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**PLAN**

- Recommend recheck echocardiogram in 12-18 months to screen for progression or development of concurrent cardiac disease that the preexisting murmur may mask.

**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.

**Maggie Machen Lamy, DVM**  
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**Echocardiogram performed by:** Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)