



PATIENT

Kieran Landon

SPECIES

Canine

BREED

Mix

SEX

Male Neutered

AGE

7 years

WEIGHT

53.5lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove
 Veterinary Clinic

REFERRING VET

Dr. Damewood

INVOICE

26999

DATE

10/19/22

PRESENTING CLINICAL SIGNS

History: New grade 2/5 left-sided systolic murmur. Asymptomatic. Current medications: Apoquel 8mg SID to BID.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve with no obvious prolapse into the left atrial lumen. No mitral regurgitation; normal left atrial dimension. Normal LV diameter with adequate myocardial function. Normal LV wall thickness. The tricuspid valve appears normal with mild TR. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and valve is normal in morphology and mobility. Normal RVOT velocity. The aortic valve is thickened with trace AI. No obvious subvalvular ridge evident; however, there is trivial narrowing of the LVOT. Mildly elevated aortic outflow velocity. No pericardial or pleural effusion noted. No obvious cardiac tumors seen.

CARDIAC CHART

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	2.3	1.2	1.3	36	67	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	120	2.8	1.3	24.3	2.1	3.3	2.1
*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)
Adapted from June Boon, Veterinary Echocardiography, 1998 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435 Hansson et al, Vet Rad and Ultrasound 2002 Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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 cause of the murmur is mild aortic stenosis. The valve appears thickened; however, there is also a subtle narrowing of the LVOT visualized. The LV wall thickness is normal indicating the disease is likely of little clinical significance in a 7-year-old dog. The aortic valve appears mildly thickened as well with mild aortic insufficiency. As this is a new heart murmur, my assumption is



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this has been present life-long, and a volume or heart rate change has led to development of an appreciable murmur. Screening lab work to look for exacerbating issues such as dehydration or anemia is recommended. It is reasonable to monitored periodically via recheck echocardiography in the future. No cardiac medications are indicated at this time.

SPECIES

Canine

From a cardiac standpoint, monitor for development of a labored breathing, exercise intolerance or collapse episodes, as SAS patients are more predisposed to development of arrhythmias than to CHF. Given that this patient is 7 years old however it would be unlikely for clinical signs to develop in the future. As a separate issue, avoid BEG diets lifelong in this breed.

BREED

Mix

Anesthetic risk is low. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless clinically indicated. Recommend prophylactic antibiotics for any orthopedic or dental procedure in the future given slight predisposition to endocarditis.

SEX

Male Neutered

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

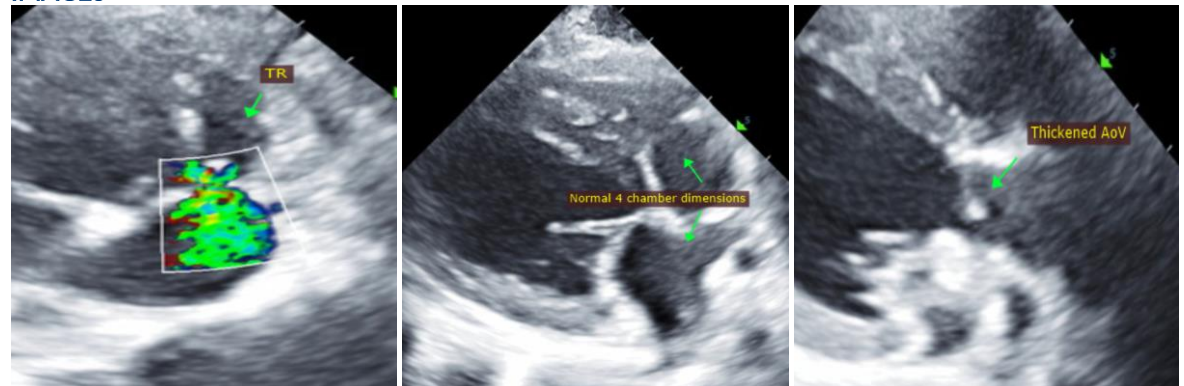
AGE

7 years

IMAGES

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53.5lbs



INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove Veterinary Clinic

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.

REFERRING VET

Dr. Damewood

Maggie Machen Lamy, DVM
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