



PATIENT

Cato Bergman

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur. Assess prior to anesthesia for spay.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

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

BREED

Pitbull Terrier

SEX

Male

CARDIAC CHART

AGE

15 months

WEIGHT

72.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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	2.0	1.3	1.2	44	76	0.3
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	126	1.5	1.2	33.0	2.1	3.9	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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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)

IMAGING PERFORMED BY

C. Belan, DVM

HOSPITAL NAME

Properties Animal Clinic

REFERRING VET

Dr. Morley

INVOICE

27014

DATE

10/20/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function with no cause of a murmur identified. No significant valvular insufficiencies were noted, and no structural issues identified. The tricuspid valve is mildly abnormal; however, the tricuspid leak is insignificant and this is unlikely to be heard on exam. In the absence of significant volume changes (dehydration) or anemia, other possibilities include a physiologic flow murmur only present with elevated heart rates (suspected in this young dog), or a small flow abnormality not seen here. If the murmur progresses in intensity going forward, highly recommend referral to a local Cardiologist for advanced imaging.

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



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No cardiac contraindication for general anesthesia.

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Plan: If murmur persists/progresses, recommend referral in this case. As an alternative, reassess murmur origin in 6-12 months.

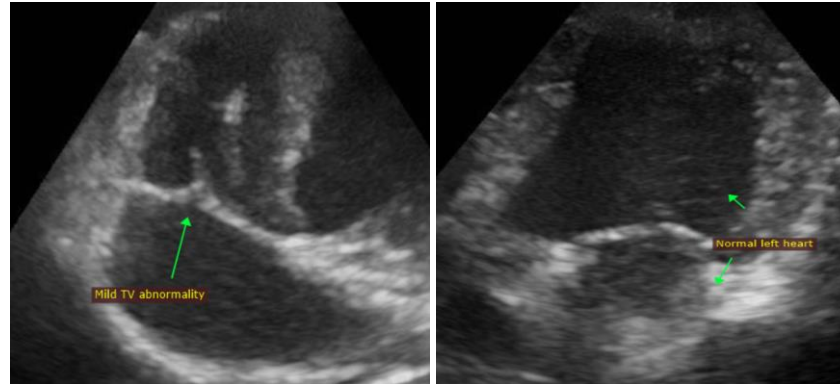
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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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