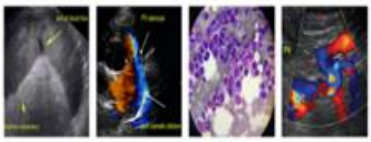
Mass Veterinary Services



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Max Davis

SPECIES
Canine

BREED
Boxer

SEX
Male Intact

AGE
8 months

WEIGHT
63.9lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
22331

DATE
12/7/21

PRESENTING CLINICAL SIGNS

History: Max referred for a heart murmur. Breathing comfortably; no coughing. He snores and seems to tire easily when it is hot outside or when playing hard. Good appetite and very good energy. CV/RESP: NSR, grade II/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 140mmHg x 4.

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. No obvious ridge in the LVOT.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is normal, with no prolapse into the left atrial lumen. No mitral regurgitation.
Aortic valve/Aorta: The aortic valve appears mildly thickened. Mildly elevated aortic outflow velocity. Trivial 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 no tricuspid regurgitation.
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 100bpm.

2-Dimensional Measurements

Ao diam (cm)	2.1
LA diam (cm)	2.8
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.9
LVID diastole (cm)	3.67
PW thickness (cm)	0.99
LVID systole (cm)	2.3
FS (%)	38

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	2.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The only cause of a murmur identified is mildly increased flow velocity through the aortic root. The aortic valve appears mildly thickened with a small diastolic leak, indicating a form of mild valvular stenosis. Given the mild nature of the findings and normal LV dimensions, this is likely of little clinical significance. No additional valvular insufficiencies were noted, and no structural issues identified.

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- No cardiac contraindication for general anesthesia. This type of valve abnormality carries a slight predisposition for development of endocarditis and prophylactic antibiotics are recommended for any dental or orthopedic procedure lifelong.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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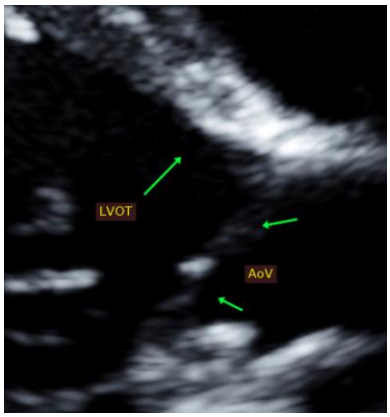
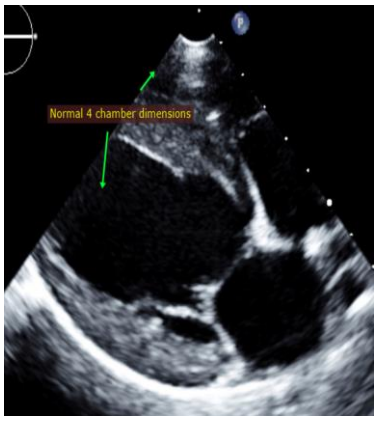
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 1 year to screen for progression; if unchanged, every 2 years is recommended to screen for development of concurrent issues 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)