



PATIENT

Nova Fata

SPECIES

Canine

BREED

Husky Mix

SEX

Female

AGE

1.2 years

WEIGHT

55.6

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Cerf, DVM

HOSPITAL NAME

Veterinary Center of
Hardyston

REFERRING VET

Dr. Cerf

INVOICE

46849

DATE

2/16/26

PRESENTING CLINICAL SIGNS

History: Grade 4/6 heart murmur. In heat.
Sedated with torb and ace.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of the mitral valve with no obvious prolapse or anterior motion identified. Trace mitral regurgitation. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. Normal LV wall thickness (0.9cm). The tricuspid valve appears normal in form and function. No TR. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Subaortic narrowing of the LVOT appreciated. Mild increase in aortic outflow velocity. Mild AI. Trace PI. 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	NA	NM	1.2	46	90	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	3.0	1.1	55.6	3.0	3.7	2.0
*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 cause of the murmur is mild subaortic stenosis (SAS) causing elevated blood flow velocity through the LVOT and aortic valve. The peak gradient seen here is consistent with a mild stenosis (36mmHg) and the LV appears normal with no evidence of significant pressure overload. Mild aortic insufficiency is noted, which should be monitored going forward. No additional pathology is appreciated.



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Typically, the prognosis with mild SAS is good, with most dogs able to live a normal lifespan free of complication. Serial echocardiography is recommended lifelong to continue assessment for progression and risk for complication.

Monitor for development of labored breathing, exercise intolerance or collapse episodes, as SAS patients are more predisposed to development of arrhythmias than to CHF. Mild exercise restriction is advised. Omega fatty acid supplementation (1000mg 1-2x daily) is of some long-term benefit for dogs predisposed to arrhythmias.

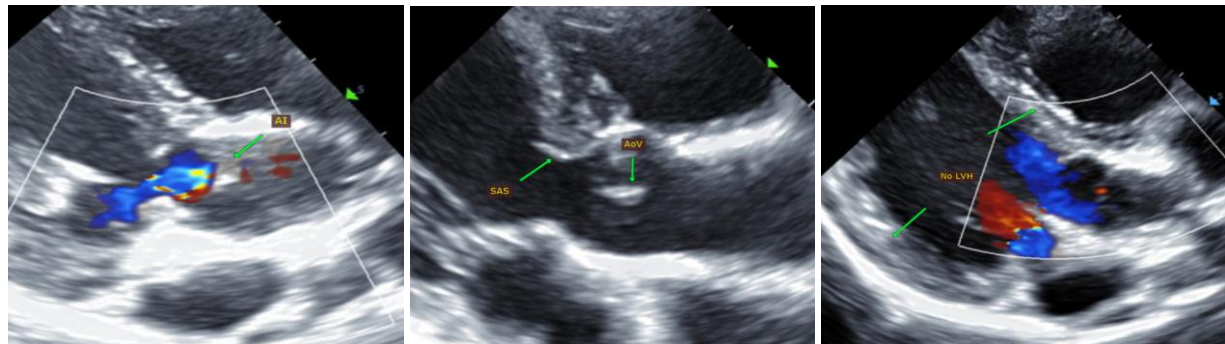
If needed, anesthetic risk is mildly elevated. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless clinically indicated. Avoid ketamine and acepromazine due to peripheral vascular effects. Mild IV fluid restriction is advised. Recommend prophylactic antibiotics prior to and during any orthopedic or dental procedure in the future given predisposition to endocarditis.

PLAN

No medications are clearly indicated at this time.

Recommend recheck echocardiogram annually, sooner if clinical signs arise.

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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