



PATIENT

Hunter Lanyon

PRESENTING CLINICAL SIGNS

History: Grade 1 murmur auscultated. Patient has been on grain free diet, recently off of per our recommendation. Murmur first noted on 3/3/21, grade II/VI.

SPECIES

Canine

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Normal cardiac silhouette. No obvious evidence of CHF.

BREED

Great Dane

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Trivial mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic valve is normal in morphology and mobility. Mildly thickened aortic valve. Normal pulmonic and mildly elevated aortic outflow velocities with laminar flow. Trace aortic and trace pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

AGE

~2.5 years

CARDIAC CHART

WEIGHT

114lbs

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	4.5	NA	1.2	1.1	35	70	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	NM	2.5	1.76	51.7	3.3	5.2	3.4
*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)
				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)

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

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Gray / Hayes

INVOICE

22698

DATE

2/19/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only cause of a murmur identified is increased flow velocity through the LVOT/aortic root. The aortic valve appears mildly thickened with a small leak, and this likely represents a very mild form of aortic stenosis. No obvious subaortic ridge is visualized. As this is a new murmur, it is reasonable to monitor periodically via recheck echocardiography in the future; however, this is likely a benign issue. Screening for fluid status abnormalities (dehydration, anemia, etc.) is



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recommended through routine lab work as these abnormalities would make this finding more prevalent. No significant valvular insufficiencies were noted, and no structural issues identified.

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No cardiac medications are indicated. No cardiac contraindication for general anesthesia. The cough is certainly non-cardiac in origin, and primary respiratory issues (infection, inflammation, etc.) are considered more likely.

BREED

Great Dane

Monitor for any development of progressive cough, labored breathing or exercise intolerance.

SEX

Male Neutered

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

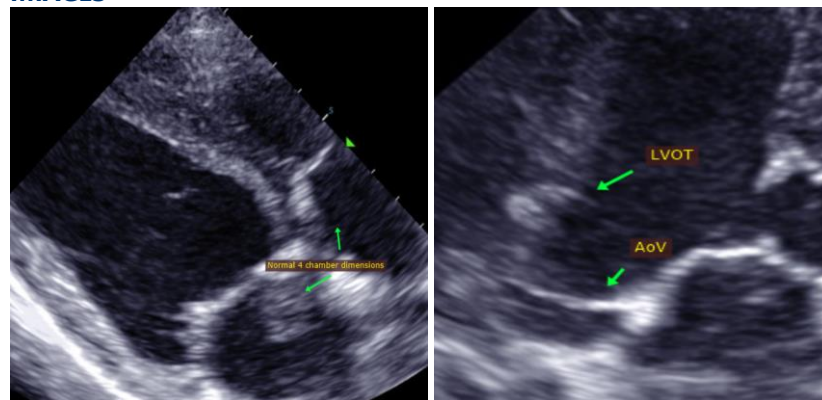
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IMAGES



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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.

IMAGING PERFORMED BY

Amanda Crook,
SDEP

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.

HOSPITAL NAME

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Medical Center

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