



**PATIENT**

Boomer Rosoff

**PRESENTING CLINICAL SIGNS**

History: Heart murmur. Asymptomatic at home.

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Male

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. Trace mitral regurgitation is identified. Normal MR velocity. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. Borderline myocardial function. The tricuspid valve appears subjectively normal, with no tricuspid regurgitation. The right heart is normal (subjective). No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. No aortic abnormalities identified, however the LVOT velocity is mildly elevated. Normal pulmonic outflow velocities. Trace/mild aortic and no pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

**CARDIAC CHART**

**AGE**

12 years

**WEIGHT**

93lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Sands Hill Mobile  
Veterinary Ultrasound

**HOSPITAL NAME**

Sands Hill Mobile  
Veterinary Ultrasound

**REFERRING VET**

Dr. Tarter

**INVOICE**

22735

**DATE**

2/22/22

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	NM	NA	1.5	1.2	26	51	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	100	2.8	0.7	42.2	3.2	4.1	3.0
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The only cause of a murmur identified is increased flow velocity through the LVOT/aortic root. No obvious subaortic ridge or valvular abnormalities are visualized, and in the absence of structural abnormalities this is considered a benign flow murmur. A mild sub-clinical form of stenosis is suspected (particularly given a small aortic insufficiency), although the differentiation is purely academic. Screening for fluid status abnormalities (dehydration, anemia, etc.) is recommended through routine lab work as these abnormalities would make this finding more prevalent. There is also a small mitral leak which may reflect early valve disease or may be physiologic in origin. Monitoring for progression is advised. No significant valvular insufficiencies



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were noted, and no structural issues identified. A baseline BP is recommended in any patient with aortic insufficiency.

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No cardiac medications are indicated. No cardiac contraindication for general anesthesia.

**BREED**

Mix

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

**SEX**

Male

**AGE**

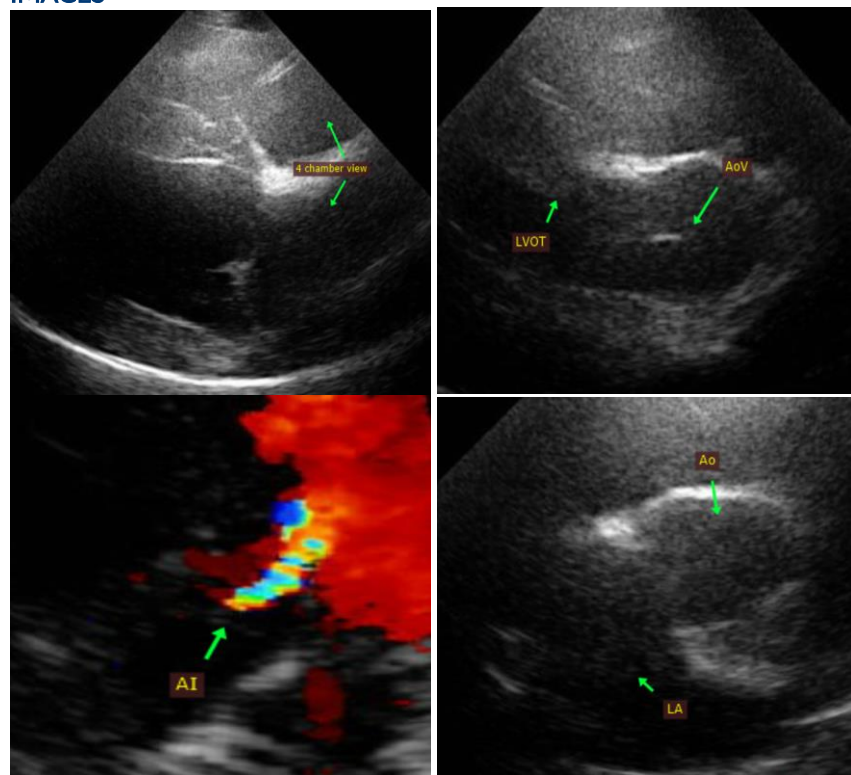
12 years

Recommend recheck echocardiogram in 1 year 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.

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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



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