



PATIENT

Santino Wood

SPECIES

Canine

BREED

Cane Corso

SEX

Male Intact

AGE

5 months

WEIGHT

50lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Compassionate Care
Veterinary Clinic

REFERRING VET

Dr. Coates

INVOICE

29241

DATE

2/24/23

PRESENTING CLINICAL SIGNS

History: Patient presented for pre-surgical consult prior to castration/nictitans gland prolapse/preventative gastropexy. On examination, a grade II/VI heart murmur, (holosystolic, left-sided) was auscultated. No arrhythmias observed. No crackles/wheezes/adventitious lung sounds. No history of syncope. Evaluation of anesthetic risk requested. Diet: Authority giant breed. BP: 86,98,100mmHg.

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.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trivial MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. No 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 mildly thickened with mild tricuspid regurgitation. Normal velocity.

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 130bpm.

2-Dimensional Measurements

Ao diam (cm)	2.4
LA diam (cm)	2.7
LA:Ao (Swe)	1.1
IVS thickness (cm)	1.1
LVID diastole (cm)	3.4
PW thickness (cm)	1.1
LVID systole (cm)	2.3
FS (%)	34

Doppler Measurements

PV Vmax (m/s)	0.65
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

INTERPRETATION OF THE FINDINGS

The only possible cause of the murmur identified is mild TR. The valve is mildly thickened which may reflect a very mild form of dysplasia; however, what is seen here is considered benign. The remainder of the cardiac dimensions and function are normal without any obvious congenital abnormalities.

Prognosis is open pending assessing for progression in the future.

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- No cardiac contraindication for general anesthesia. Premedicate with a vagolytic as discussed and ensure a normal response.



PATIENT

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- 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, sooner if any clinical signs arise.

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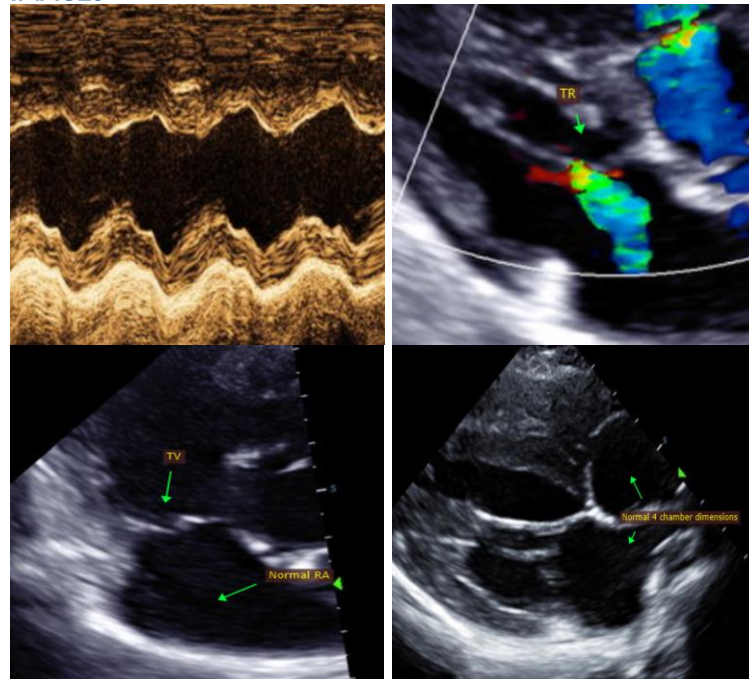
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IMAGES



IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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.

HOSPITAL NAME

Compassionate Care Veterinary Clinic

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.

REFERRING VET

Dr. Coates

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

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