



**PATIENT**

Kira Estrada

**SPECIES**

Canine

**BREED**

Bull Terrier

**SEX**

Female Intact

**AGE**

1 year

**WEIGHT**

29.8lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Pine Banks Animal  
Hospital

**REFERRING VET**

Dr. Syed

**INVOICE**

22452

**DATE**

2/9/22

**PRESENTING CLINICAL SIGNS**

History: Normal active young dog. Screening for breeding. No murmurs. Had prior echo on January 20, 2022, which was interpreted as equivocally increased LVOT velocities - r/o normal variant vs mild AS. The clinical suspicion was of a mild benign narrowing of the LVOT/Ao not identifiable on echo. (LA 2.3 cm; LA:Ao 1.36; LV 3.29 cm; LVOT 2.19 m/s). Today's study is seeking a second opinion. Sedated with trazadone/gabapentin.

**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 normal, with no prolapse into the left atrial lumen. No mitral regurgitation with a normal velocity.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Mildly elevated aortic outflow velocity; laminar flow. No obvious subaortic ridge. 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 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.

**2-Dimensional Measurements**

Ao diam (cm)	1.6
LA diam (cm)	1.7
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.8
LVID diastole (cm)	3.1
PW thickness (cm)	0.9
LVID systole (cm)	2.0
FS (%)	35

**Doppler Measurements**

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.83
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

The only abnormality identified is borderline 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. It is reasonable to monitor periodically via recheck echocardiography in the future, the ensure no progressive off changes are seen. No significant valvular insufficiencies, congenital defects or structural issues identified.

No contraindication for breeding this animal; however, it is worth mentioning an OFA is the gold standard BSE by an Attending Cardiologist.



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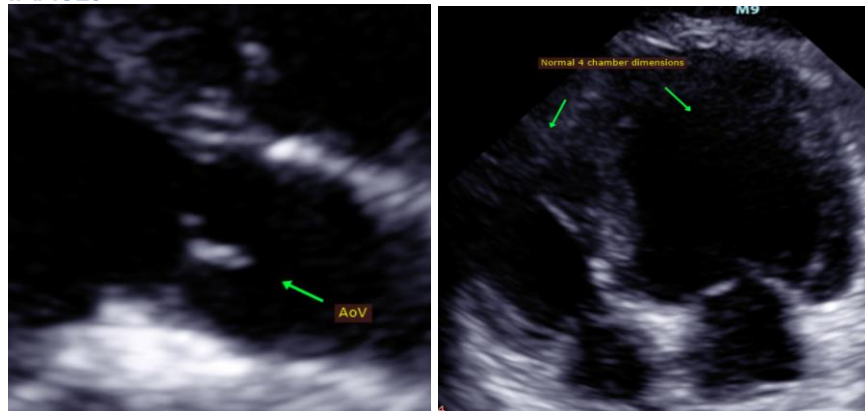
**RECOMMENDATIONS**

- No cardiac medications are indicated.
- No cardiac contraindication for general anesthesia.
- Monitor for any development of cough, labored breathing or exercise intolerance.

**PLAN**

- Recommend recheck echocardiogram in 12 months as dictated by the OFA.
- Consider an OFA screening as the gold standard prior to breeding.

**IMAGES**



**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

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.

**IMAGING PERFORMED BY**

Pamela Harrigan,  
 RDCS

**Maggie Machen Lamy, DVM**  
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
 info@sonopath.com

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