



PRESENTING CLINICAL SIGNS

DATE History: Low grade murmur detected at first puppy visit.

ECHOCARDIOGRAPHIC FINDINGS

2/9/22 2D, M-mode, and Doppler study.

PERFORMED BY: Left atrial size is normal. There is systolic anterior motion of the anterior mitral valve leaflet. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. The left ventricular outflow tract, aorta, and aortic valve appear normal, though there is increased flow velocity in this region. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

Dr. Meredith Swart

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Murphy Spears

LA – 33.6 mm
IVSd – 8.7 mm
LVPWd – 8.6 mm
LVIDd – 30.8 mm
LVIDs – 16.8 mm
FS – 45.4%
LVOT – 2.77 m/s
RVOT – 0.90 m/s

SPECIES

Canine

BREED

German Shepherd

SEX

MI

AGE

15 wk

WEIGHT

30 lb

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

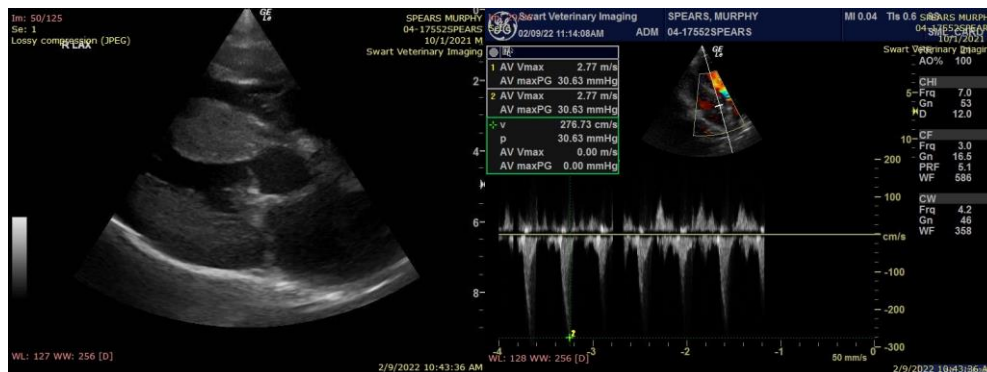
Dr. Swart

ASSESSMENT/RECOMMENDATIONS

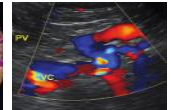
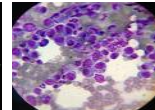
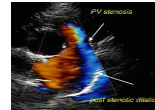
Murphy's murmur appears to be due to the presence of mildly increased flow velocity in his left ventricular outflow tract/aorta. This increased velocity appears to be secondary to the presence of systolic anterior motion (SAM) of Murphy's anterior mitral valve leaflets, which is a form of valvular dysplasia, however, given his breed and age, a contribution from subaortic stenosis cannot be ruled out. The hemodynamic effects of the flow obstruction in Murphy's left ventricular outflow tract appear to be mild at present, as he does not have secondary hypertrophy of his left ventricle or dilation of his left atrium, indicating that his current risk for the development of clinical signs, such as exercise intolerance, syncope, and labored breathing appears to be relatively low, though careful monitoring for progression is recommended.

I recommend starting Murphy on atenolol (12.5 mg BID, dose will need to be increased as Murphy grows to maintain a dose of ~1 mg/kg BID), as this medication should reduce or relieve his SAM.

A recheck echocardiogram is recommended in 6 months, sooner if new clinical signs compatible with cardiac dysfunction develop.



The information and recommendations provided are based on the images presented by the



DATE referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

2/9/22 Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

PERFORMED BY: Keith Blass, DVM, MS, DACVIM (Cardiology)
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631-804-5754

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