



PATIENT

Radley Recne

SPECIES

Canine

BREED

Boxer

SEX

Male Neutered

AGE

3 years

WEIGHT

60lbs

PRESENTING CLINICAL SIGNS

History: Presented for vomiting. On exam, a new grade II/VI systolic murmur was heard in addition to an arrhythmia. Asynchronous pulses were noted during the arrhythmic episode. Subsequent ECG revealed the rhythm had returned to normal. Chest radiographs WNL.

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 in dimension.

Mitral valve: The mitral valve is normal with no prolapse into the left atrial lumen. No mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Mildly elevated aortic outflow velocity; laminar flow. 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.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 130bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Fishcer

INVOICE

23180

DATE

3/18/22

2-Dimensional Measurements

Ao diam (cm)	1.9
LA diam (cm)	2.3
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.2
LVID diastole (cm)	3.5
PW thickness (cm)	1.1
LVID systole (cm)	2.4
FS (%)	32

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	2.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

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. If this is a new murmur, it is reasonable to monitor periodically via recheck echocardiography in the future. Additionally, screening for fluid status abnormalities (dehydration, anemia, etc.) is 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.

No obvious arrhythmias are seen on the screening ECG. An extended six-lead tracing and/or holter monitoring may be indicated in this predisposed breed, particularly should the abnormality be ausculted again in the future. If premature beats are identified, these would be more likely secondary to GI issues than arrhythmic disease, given the young age of the patient. Follow up is advised.



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Prognosis is open.

RECOMMENDATIONS

SPECIES

Canine

- No cardiac medications are indicated.
- Baseline lab work recommended if not recently performed.
- Consider extended ECG and/or holter monitor as discussed.
- From a structural standpoint, no cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

BREED

Boxer

PLAN

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.

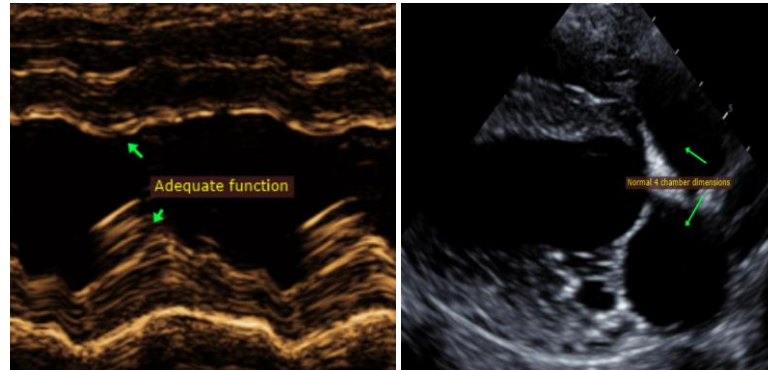
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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

Wood River Animal
Hospital

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