



PATIENT PRESENTING CLINICAL SIGNS

Roux Murray

History: Heart murmur. No clinical signs.

SPECIES

Canine

BREED

Pit Mix

SEX

Female Intact

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The anterior leaflet of the mitral valve is thickened with abnormal motion. No obvious mitral regurgitation is appreciated. No left atrial dilation. Systolic anterior motion is seen on 2D imaging; however, this is not confirmed on color flow. Normal LV diameter with adequate myocardial function. The LV wall dimension is borderline. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic valve appears mildly thickened. No PI. Aortic valve is normal in morphology and mobility. Normal pulmonic and mildly elevated aortic outflow velocities with laminar flow. No aortic insufficiency. No obvious cardiac or extra-cardiac shunts. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

AGE

16 weeks

WEIGHT

21lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Lindsey Daniel, DVM

HOSPITAL NAME

Affordable Vet Services

REFERRING VET

Dr. Thorne

INVOICE

29777

DATE

3/22/23

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	NA	NA	NM	1.3	46	90	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	170	2.3	0.8	9.5	2.1	2.6	1.4
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The suspected cause of the murmur is mitral valve dysplasia. The anterior leaflet appears abnormal and is likely prolapsing into the LVOT. There is no evidence of significant LVH, and simple follow up is advised in this very young puppy. It is important to note that small congenital defects are easily missed, and referral should be considered in any congenital case.

In a very young puppy with no significant left atrial enlargement, no cardiac medications are indicated. Assessment of progression in the future will help predict long term prognosis, which is



PATIENT

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highly variable at this stage. Lifelong monitoring is advised. When assessed in the future, if the disease has progressed and the patient is of an appropriate age, Atenolol may be warranted.

SPECIES

Canine

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

BREED

Pit Mix

No cardiac contraindication for general anesthesia prior to cardiac enlargement. Avoid heart rate stimulating drugs, such as atropine.

SEX

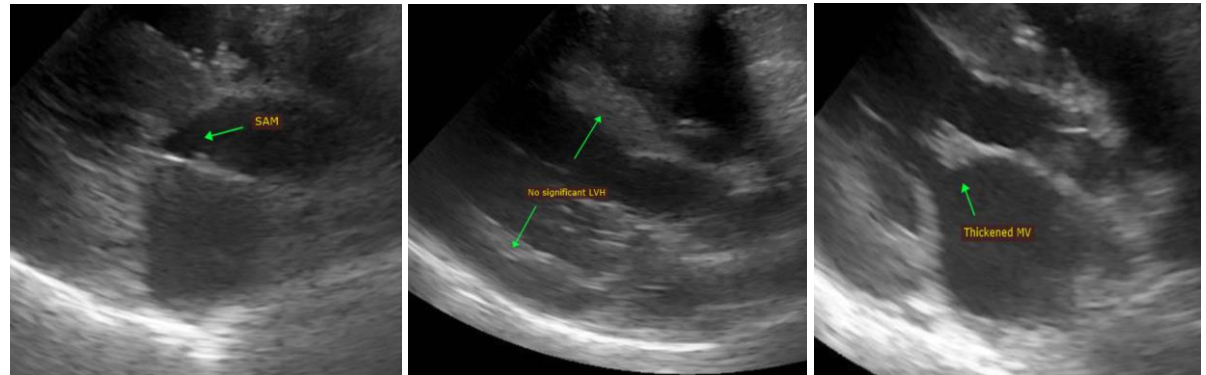
Female Intact

Recommend conservative monitoring with a recheck echocardiogram at 6-12 months of age to screen for progression and need for medications.

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IMAGES



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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.

IMAGING PERFORMED BY

Lindsey Daniel, DVM

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

Affordable Vet
Services

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