



**PATIENT**

Dumpling Bound  
Rescue

**SPECIES**

Canine

**BREED**

Bulldog Mix

**SEX**

Female Spayed

**AGE**

2-3 years

**WEIGHT**

52lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

Burlington Lakeshore  
Veterinary Hospital

**REFERRING VET**

Dr. Aziz

**INVOICE**

29956

**DATE**

3/30/23

**PRESENTING CLINICAL SIGNS**

History: Redo echo without Dexdomitor sedation. Is currently in care of rescue. Heart murmur.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. No mitral regurgitation with normal left atrial dimension. Normal LV diameter with adequate myocardial function. Normal LV wall dimensions with no obvious hypertrophy. 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 normal in morphology and mobility. Normal pulmonic outflow velocities with laminar flow. The aortic valve is not well visualized. The LVOT is not well visualized. Mildly increased aortic outflow velocity, consistent with stenosis. Mild aortic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

**CARDIAC CHART**

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	1.4	1.2	50	81	0.45
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	160	3.2	1.8	23.6	2.0	4.3	2.1
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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 cause of the murmur is mild aortic stenosis. The LVOT and aortic valve are difficult to visualize extensively; however, a valvular issue is suspected. No obvious subaortic ridge is visualized. The mildly increased PG and normal LV wall thickness indicates the disease is likely of minimal clinical significance and prognosis is good. A small aortic leak is identified, and a baseline BP is recommended every 6-12 months lifelong. Previously noted systolic dysfunction is not apparent suggesting a drug-related issue.



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No cardiac medications are indicated at this time. From a cardiac standpoint, monitor for development of collapse episodes, labored breathing or exercise intolerance, as AS patients are more predisposed to development of arrhythmias than to CHF.

**SPECIES**

Canine

Anesthetic risk is low. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless clinically indicated. Recommend prophylactic antibiotics for any orthopedic or dental procedure in the future given slight predisposition to endocarditis.

**BREED**

Bulldog Mix

Recommend recheck echocardiogram in 1 year to confirm no progression is seen, and to screen for development of concurrent cardiac disease that the preexisting murmur may mask.

**SEX**

Female Spayed

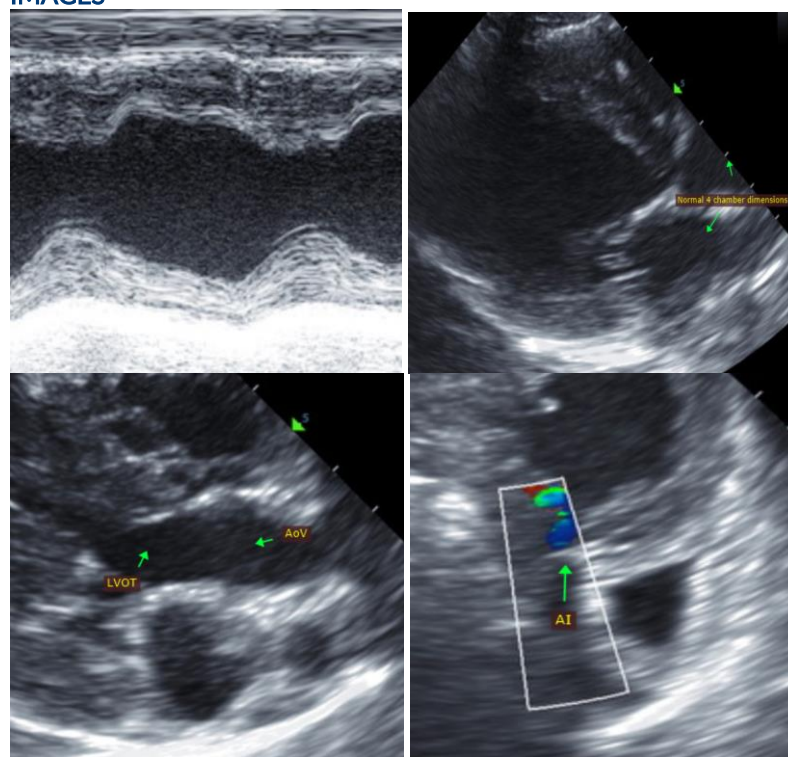
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**IMAGES**



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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.

**REFERRING VET**

Dr. Aziz

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.

**INVOICE**

29956

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