



DATE CLINICAL BACKGROUND & STUDY DETAILS

4.10.26 **History:** New grade 2-3/6 heart murmur newly diagnosed on 1/9/2026. Asymptomatic.
Current medications: None listed.

PATIENT

Linus Tantules **Sedation used:** Not required to complete full diagnostic ultrasound.
Pertinent previous ultrasound results: No previous.
STAT: Not requested.
Imaging performed by: Stephanie Warga RDCS, RVT.

SPECIES

Canine

BREED

Border Terrier

SEX

MN

AGE

6.7.18

WEIGHT

22.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Homeward Bound VS

REFERRING VET

Dr. Dorn

INVOICE

47527

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of the mitral valve leaflets with no obvious prolapse into the left atrial lumen. Trace mitral regurgitation is identified. Normal velocity. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears subjectively normal, with no significant tricuspid regurgitation. The right heart is normal (subjective). No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. No aortic abnormalities identified; however, the LVOT velocity is mildly elevated. Normal pulmonic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

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	5.3	NA	NM	1.5	37	69	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	140	1.8	1.4	10.3	2.3	2.9	1.8
BODY WEIGHT DEPENDENT PARAMETERS				*Normal chamber parameters expressed as a mean value (SD)			
				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
				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

Overtly normal cardiac dimensions and function. The only cause of a murmur identified is increased flow velocity through the LVOT/aortic root. No obvious subaortic narrowing or valvular abnormalities

are visualized, and in the absence of structural issues this is considered a benign flow murmur. If the murmur persists or progresses, 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 volume changes can make this finding more prevalent. Trace MR is noted, which may reflect early valve disease or may simply be physiologic in origin. Monitoring is advised. No significant valvular insufficiencies were noted and no structural issues identified.

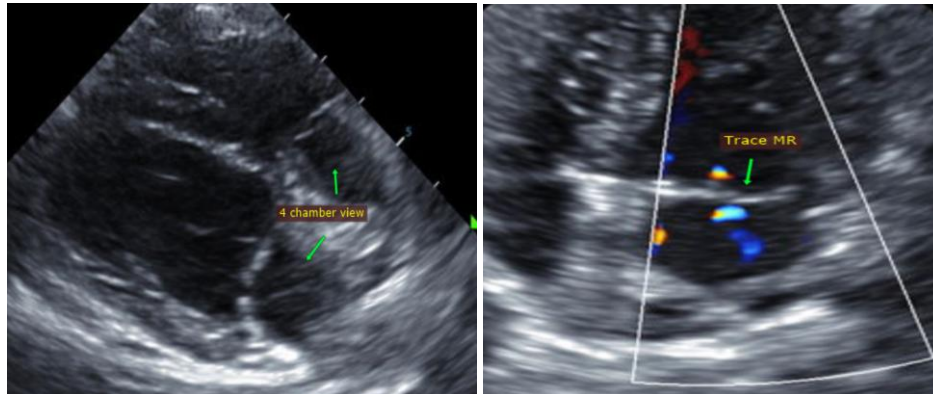
No cardiac medications are indicated. Prognosis is open.

No cardiac contraindication for general anesthesia.

Monitor for any development of cough, labored breathing or exercise intolerance.

Recommend recheck echocardiogram in 12-18 months to screen for development of concurrent cardiac disease that the preexisting murmur may mask.

IMAGES



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.

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