


**PATIENT**

Dasher Reynolds

**PRESENTING CLINICAL SIGNS**

History: Grade 2/6 murmur, left side. Assess anesthesia for neutering.

**SPECIES**

Canine

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Trivial 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. Mild thickening of the aortic valve; mildly increased LVOT velocity consistent with stenosis. Mild aortic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

**BREED**

Golden Retriever

**SEX**

Male Intact

**AGE**

1.5 years

**CARDIAC CHART**
**WEIGHT**

86lbs

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	1.0	1.0	28	55	0.1
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	3.2	1.8	39.0	2.3	4.1	3.0
*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)

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

 Hartzel Animal  
 Hospital

**REFERRING VET**

Dr. Bukovska

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the murmur is mild aortic stenosis due to a thickened aortic valve. 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.

**INVOICE**

23711

**DATE**

4/18/22



**PATIENT**

Dasher Reynolds

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**

Golden Retriever

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**

Male Intact

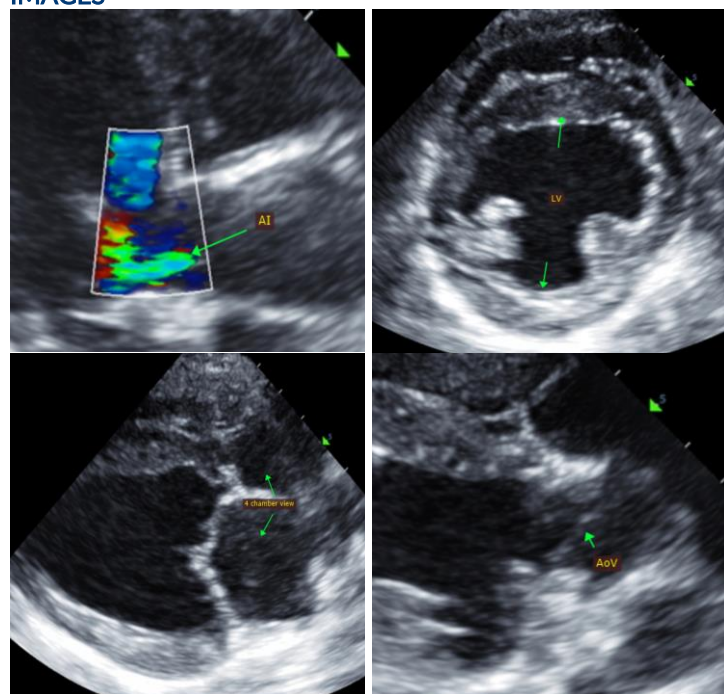
**IMAGES**

**AGE**

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**WEIGHT**

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DVM DACVIM  
(Cardiology)

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Hospital

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. Bukovska

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**

23711

Maggie Machen Lamy, DVM  
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**DATE**

4/18/22