



PATIENT PRESENTING CLINICAL SIGNS

Kaine Logan History: Presented for lethargy, poor growth and joint pain. Grade 2/6 murmur noted previously.
-Pertinent abnormal lab results: Non-regenerative anemia. 4dx negative. Chemistry: WNL.

SPECIES ECHOCARDIOGRAM FINDINGS

Canine 2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. No mitral regurgitation is identified. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. No LV hypertrophy. The tricuspid valve appears subjectively normal, with trace tricuspid regurgitation. Normal velocity. The right heart is normal (subjective). The pulmonic valve is normal in morphology and mobility. Subtle narrowing of the LVOT. The aortic valve is normal. Aortic outflow velocity is mildly elevated. Rottweiler Normal pulmonic outflow velocities. Trivial aortic and mild pulmonic insufficiency. No obvious cardiac shunts. No pericardial or pleural effusion noted. No cardiac tumors observed.

SEX CARDIAC CHART

Male

AGE

3 months

WEIGHT

32lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Brodheads ville VC

REFERRING VET

Dr. Goldstein

INVOICE

30313

DATE

4/18/23

| 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 | NM | 2.5 | NM | 1.2 | 38 | 69 | 0.15 |
| CANINE CARDIAC PARAMETERS | HR (BP M) | 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 | 100 | 2.6 | 1.3 | 14.5 | 2.0 | 3.6 | 2.2 |
| *Normal chamber parameters expressed as a mean value | | | | 3 | 1.27 | 2.46 | 1.36 |
| BODY WEIGHT DEPENDENT PARAMETERS | | | | 5 | 1.40 | 2.74 | 1.60 |
| *Note: All measurements based upon multi-modal images and methods. An average value is reported. | | | | 10 | 1.50 | 3.27 | 2.06 |
| | | | | 15 | 1.83 | 3.71 | 2.43 |
| | | | | 20 | 2.02 | 4.14 | 2.80 |
| | | | | 25 | 2.18 | 4.48 | 3.10 |
| | | | | 30 | 2.33 | 4.83 | 3.39 |
| | | | | 35 | 2.48 | 5.17 | 3.69 |
| | | | | 40 | 2.62 | 5.48 | 3.96 |
| | | | | 50 | 2.88 | 6.07 | 4.46 |

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only cause of a murmur identified is increased flow velocity through the LVOT/aortic root. The subaortic region does appear trivially narrow, which may suggest a mild clinical form or stenosis. This is supported by a small aortic insufficiency, which is hemodynamically insignificant at this time. The LV appearance and function are normal, and no additional issues are identified.

Even with mild abnormalities seen here, these are unrelated to current clinical issues. On the contrary, anemia is noted in the history, which will exacerbate flow through the aortic root and cause the murmur to be more apparent. Further systemic evaluation is advised.



PATIENT No cardiac medications are indicated. No cardiac contraindication for general anesthesia.

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

SPECIES Recommend recheck echocardiogram in 1 year to screen for progression or development of concurrent cardiac disease that the preexisting murmur may mask.

Canine

IMAGES

BREED

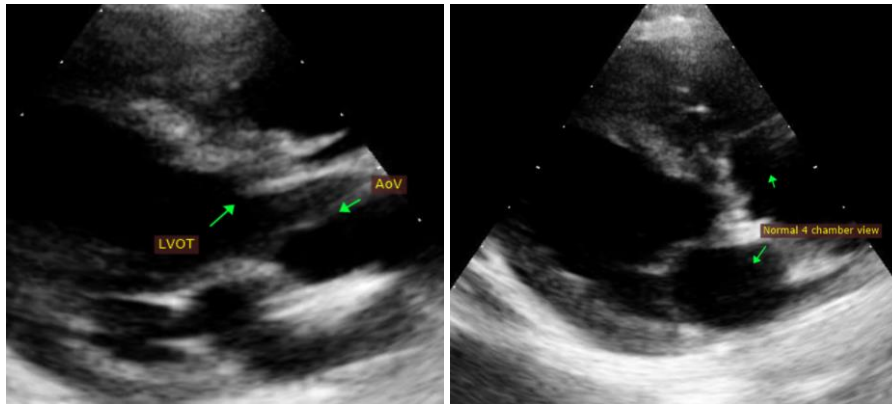
Rottweiler

SEX

Male

AGE

3 months



WEIGHT

32lbs

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. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

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