



**PATIENT**

Levon 2<sup>nd</sup> Chance Rescue

**SPECIES**

Canine

**BREED**

Labrador Retriever Mix

**SEX**

Male Intact

**AGE**

4 months

**WEIGHT**

24lbs

**PRESENTING CLINICAL SIGNS**

History: Levon was noted to have a heart murmur in March when he was brought up from Mississippi. He is presently eating well with normal activity level. He does have an occasional cough noted but no S/V/D/PU/PD. On exam: NSR, grade III/VI basilar murmur, PSS, lung fields clear, mm pink, moist, CRT<2. \*Sedated with propofol for study.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**Left ventricle:** The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is normal.

**Mitral valve:** The mitral valve is normal, with no prolapse into the left atrial lumen. No mitral regurgitation with a normal velocity.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Mildly elevated aortic outflow velocity (assessed following recovery from sedation); laminar flow. No aortic insufficiency.

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** Normal RA dimension.

**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 150bpm.

**INTERPRETED BY**

Maggie Machen Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

Ao diam (cm)	1.6
LA diam (cm)	1.9
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.7
LVID diastole (cm)	2.5
PW thickness (cm)	0.8
LVID systole (cm)	1.3
FS (%)	48

**Doppler Measurements**

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**INTERPRETATION OF THE FINDINGS**

The only cause of a murmur identified is mildly increased flow velocity through the LVOT/aortic root. No obvious subaortic ridge or valvular abnormalities are visualized, and in the absence of structural abnormalities this is considered a benign flow murmur. It is reasonable to monitor periodically via recheck echocardiography in the future, assuming the murmur persists. No significant valvular insufficiencies, congenital defects or structural issues identified.

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**RECOMMENDATIONS**

- No cardiac medications are indicated.
- No cardiac contraindication for general anesthesia.
- Monitor for any development of cough, labored breathing or exercise intolerance.

**INVOICE**

30455

**DATE**

4/26/23



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Rescue

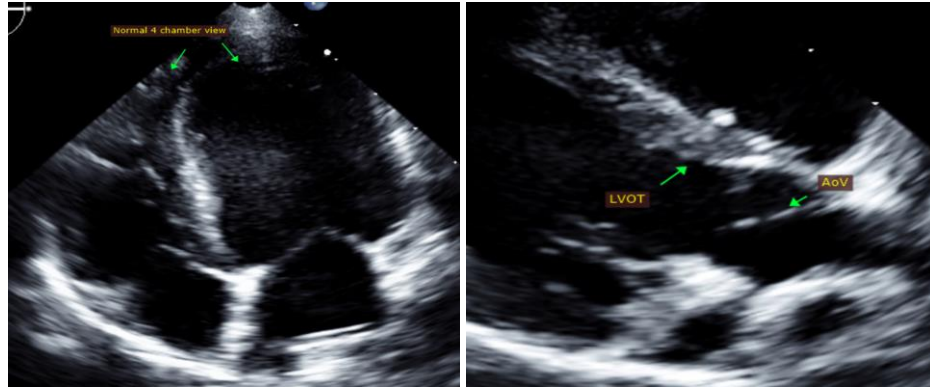
**PLAN**

- If the murmur persists, recommend recheck echocardiogram in 1 year to screen for progression or development of concurrent cardiac disease that the preexisting murmur may mask.

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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.

**WEIGHT**

24lbs

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.

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
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**Echocardiogram performed by:**

Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Services

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