

PATIENT

PRESENTING CLINICAL SIGNS

History: Holistic heart murmur. Sedated with Torb.

Dog 92139A

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. Trace mitral regurgitation. Normal left atrial dimension. Small LV diameter with adequate myocardial function. The LV wall thickness appears normal. The tricuspid valve appears mildly thickened and elongated with mild insufficiency seen. Elevated velocity. Moderate right atrial dilation. Marked right ventricular hypertrophy and remodeling indicative of pressure overload. Right ventricular dilation. Pulmonic outflow velocities are elevated. The pulmonic valve appears severely thickened, tethered and stenotic. There is significant post-stenotic dilation of the main pulmonary artery and branches. Moderate pulmonic insufficiency. The aortic valve appears to have normal morphology and mobility. Normal LVOT velocity. No AI. No obvious cardiac shunts are present. No pericardial or

BREED

Pitbull Mix

SEX

Male Intact

AGE

7 years

WEIGHT

43.4lbs

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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	4.5	1.2	1.3	62	90	0.3
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	NM	1.3	6.1	19.7	2.2	3.0	1.2
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Charleston Animal Society

REFERRING VET

Dr. Fuller

INVOICE

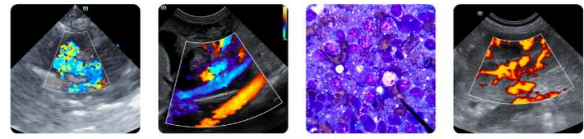
47689

DATE

4/27/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is severe valvular pulmonic stenosis. The degree of obstruction is severe based upon the velocity/pressure gradient across the pulmonic valve and the marked secondary hypertrophy and remodeling of the right ventricle. There is significant RA dilation and mild TR with mild tricuspid valve thickening (likely dysplasia). The risk for CHF in the future is elevated, given the severity of the findings. No additional issues are seen.



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Referral for balloon valvuloplasty should be considered in this patient as the gold standard therapeutic option for this condition, which may improve long term outcome and delay onset of clinical signs (such as exertional syncope or right-sided congestive heart failure). That being said, in a 7-year-old shelter case, a more reasonable approach may simply be use of Atenolol. The goal is decrease heart rate and lessen the obstruction as below. Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing). **Mild exercise restriction is advised lifelong.**

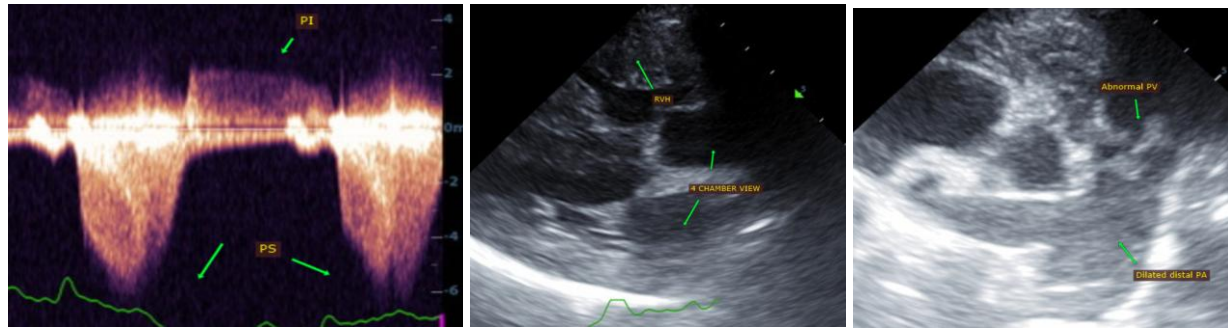
Anesthetic risk is mild to moderate at this time. **Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless absolutely necessary.** Avoid vasodilators such as acepromazine. Mild IV fluid restriction is advised. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 if possible. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary.

PLAN

Institute atenolol to effect: 25mg tabs, ¼ tab PO BID to start (up-titrate to desired effect). Goal is to suppress heart rate <120-140bpm even with stress/activity. Baseline chest radiographs and ECG are recommended. Referral for evaluation and balloon valvuloplasty if desired.

If surgery is declined, recommend recheck echocardiogram in 1 year to assess for progression, response to medication.

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.

Maggie Machen Lamy, DVM
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