



**PATIENT**

Molly Schenke

**SPECIES**

Canine

**BREED**

German SH Pointer  
Mix

**SEX**

Female Intact

**AGE**

1 year

**WEIGHT**

31lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Julia Bakker, DVM

**HOSPITAL NAME**

Orange Blossom  
Veterinary Imaging

**REFERRING VET**

Dr. Williams

**INVOICE**

47823

**DATE**

5/12/26

**PRESENTING CLINICAL SIGNS**

History: Grade 6/6 heart murmur. Assess prior to anesthesia for spay.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve with no obvious prolapse into the left atrial lumen. Trace mitral regurgitation with slight left atrial dilation. Slight LV dilation with adequate myocardial function. Normal LV wall thickness. A small VSD is suspected just below the aortic and tricuspid valves. The shunt is left to right, although velocity is not assessed. The tricuspid valve appears normal in form and function. Trace TR. Borderline velocity. Normal right atrial and ventricular diameter and morphology. The pulmonic valve is normal in morphology and mobility. Elevated aortic outflow velocities, the valve appears largely normal; however, the subaortic region is mildly narrowed. Mild aortic insufficiency. Trace PI. Mildly elevated pulmonic outflow velocities. No pericardial or pleural effusion noted. No obvious cardiac tumors.

**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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	NM	2.8	NM	Est. <1.4	43	74	0.2
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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	NM	>2.0	2.0	14.1	NM	4.0	2.3
*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)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The primary cause of the murmur is a restrictive perimembranous ventricular septal defect (VSD). The defect is readily apparent on 2D and color flow imaging; however, max velocity is not assessed. Relative pulmonic stenosis is present, suggesting hemodynamic significance. There is also suspected concurrent mild subaortic stenosis with a small leak in the aortic valve. These findings may further overload the left heart overtime; however, should be confirmed. There is



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evidence of mild left atrial enlargement at this time, indicating a relatively low risk for imminent complications. Finally, small leaks are noted in both mitral and tricuspid valves as well.

**Referral to a local Cardiologist is reasonable for any patient with congenital disease to confirm the diagnosis and ensure no additional issues are seen.** Based upon what is seen here, prognosis is guarded long-term prior to assessing for any progressive changes over time.

Treatment of an asymptomatic patient with a VSD is of no known benefit and is not recommended at this time. Mild lifelong activity restriction is advised.

Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

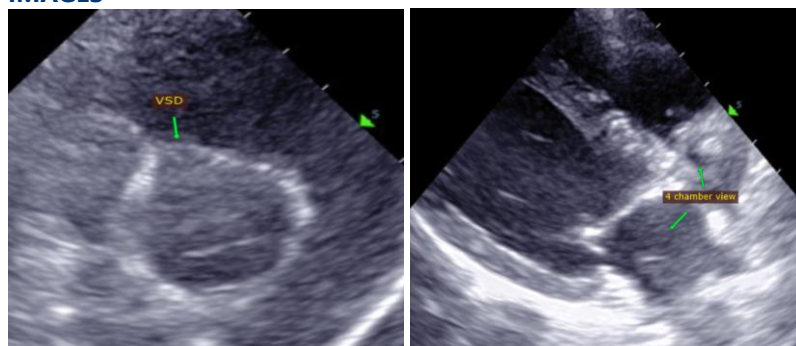
Patient may be at risk lifelong for progression to left-sided congestive heart failure, development of arrhythmias, and/or sudden death. Monitor closely for any development of associated clinical signs, including changes in RR/RE, cough, syncope or significant exercise intolerance.

## PLAN

Consider referral as discussed.

If declined, recommend conservative monitoring with a recheck echocardiogram in 6-12 months (or once full stature), sooner if any development of clinical signs.

## IMAGES





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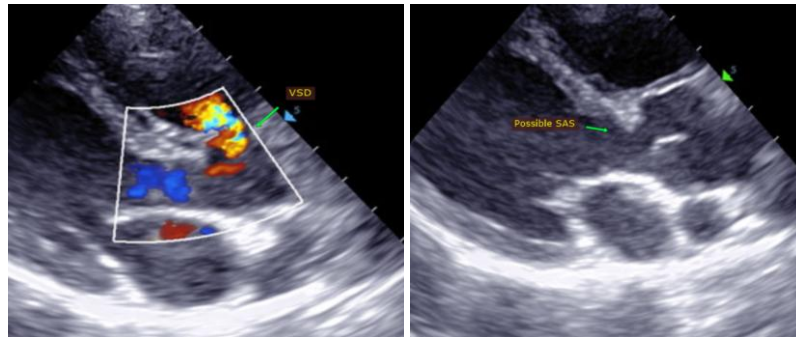
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

**Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**

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