



PATIENT

Rocky Cappucci

SPECIES

Canine

BREED

Cockapoo

SEX

Male Intact

AGE

8 months

WEIGHT

16.5lbs

PRESENTING CLINICAL SIGNS

History: Rocky was noted to have a heart murmur in February. He is a bilateral cryptorchid canine and needs to be neutered. Good appetite and energy level. On exam, NSR, grade II/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 110mmHg x 3. *No sedation 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 in dimension.

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

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Mildly elevated aortic outflow velocity; 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 160bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	1.5
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.6
LVID diastole (cm)	2.7
PW thickness (cm)	0.6
LVID systole (cm)	1.5
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	1.5
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 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. Given the age of the patient, this may still reflect the mildest form of SAS/AS which appears clinically insignificant. If this is a new murmur, it is reasonable to monitor periodically via recheck echocardiography in the future. Additionally, screening for fluid status abnormalities (dehydration, anemia, etc.) is recommended through routine lab work as these abnormalities would make this finding more prevalent. No significant valvular insufficiencies were noted, and no structural issues identified.

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24407

Prognosis is good.

DATE

5/25/22



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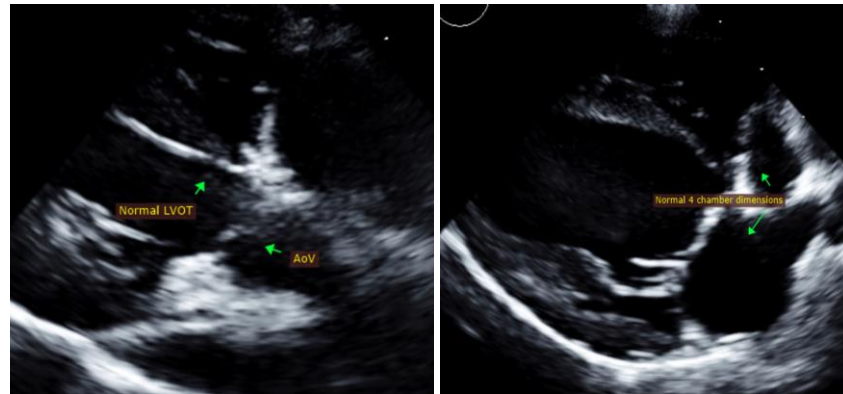
RECOMMENDATIONS

- No cardiac medications are indicated.
- Baseline lab work recommended if not recently performed.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

Recommend recheck echocardiogram in 12-18 months to screen for progression or development of concurrent cardiac disease that the preexisting murmur may mask.

IMAGES



INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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HOSPITAL NAME

Mass Veterinary Services

Echocardiogram performed by:

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

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Dr. Masloski

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