


PATIENT PRESENTING CLINICAL SIGNS

Cujo Smith History: Grade 3/6 heart murmur and needs to be neutered. Only meds are Acepromazine when being very aggressive.

SPECIES ECHOCARDIOGRAM FINDINGS *Limited image quality due to aggression.

Canine 2D, m-mode, color flow and doppler imaging is available. Mild mitral valve thickening with no prolapse into the left atrial lumen. Trivial mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. Normal LV wall dimensions with no obvious hypertrophy. The tricuspid valve appears normal with trivial tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic valve appears normal in morphology and mobility. Normal pulmonic outflow velocities with laminar flow. Mild thickening of the aortic valve; mildly increased velocity consistent with stenosis. Mild aortic insufficiency. The LVOT is not well visualized. No pericardial or pleural effusion noted. No obvious cardiac masses.

AGE CARDIAC CHART

2 years

WEIGHT

57lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

 St Catharines Animal
 Hospital

REFERRING VET

Dr. Boctor

INVOICE

24710

DATE

6/10/22

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	NM	1.3	1.2	29	57	0.5
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	3.1	1.3	25.9	2.6	3.8	2.7
*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)
<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 cause of the murmur is mild aortic stenosis due to a thickened aortic valve. No obvious subaortic ridge is visualized; however, this is not ruled out in this image set. This is typically a congenital issue, indicating presence from birth. The mildly increased PG and normal LV wall thickness indicates the disease is likely of minimal clinical significance and prognosis is good. A mild aortic leak is identified, and a baseline BP is recommended every 6-12 months lifelong as able. The systolic function appears adequate without evidence of



PATIENT
Cujo Smith

primary cardiomyopathy. Finally, small mitral and tricuspid leaks are noted, which are physiologic in origin. No additional issues are identified.

SPECIES
Canine

No cardiac medications are indicated at this time. From a cardiac standpoint, monitor for development of collapse episodes, labored breathing or exercise intolerance, as AS patients are more predisposed to development of arrhythmias than to CHF (particularly Boxers and Bulldogs).

BREED
American Bulldog

Anesthetic risk is low. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless clinically indicated. Recommend prophylactic antibiotics for any orthopedic or dental procedure in the future given slight predisposition to endocarditis. ***Consider additional sedation for future exams (gabapentin, torb, etc).**

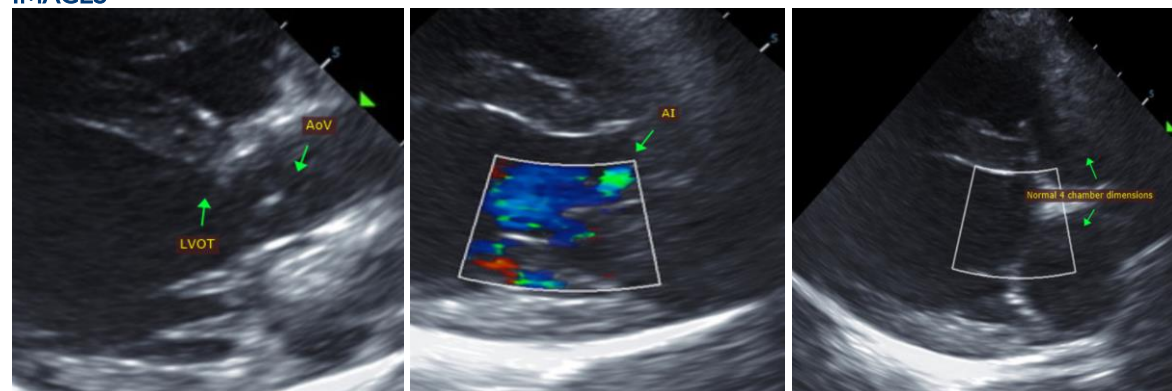
SEX
Male Intact

Recommend recheck echocardiogram in 1 year to confirm no progression is seen, and to screen for development of concurrent cardiac disease that the preexisting murmur may mask.

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IMAGES

WEIGHT
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(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.

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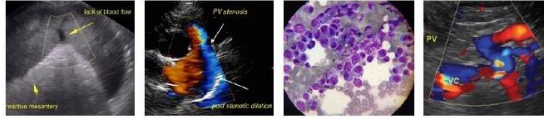
Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

REFERRING VET
Dr. Boctor

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