



PATIENT

Maia Heaton

PRESENTING CLINICAL SIGNS

History: On pre-surgery exam. a grade II/VI heart murmur was ausculted. Recommended to postpone OHE and a heart workup was recommended. Assess prior to anesthesia.

SPECIES

Canine

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Normal cardiac silhouette. No obvious evidence of CHF.

BREED

Terrier Mix

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. No mitral regurgitation with no left atrial dilatation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No obvious intra or extra-cardiac shunts. No pericardial or pleural effusion noted. No obvious cardiac masses.

AGE

7 months

CARDIAC CHART

WEIGHT

8lbs

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	NA	NA	1.4	1.3	46	79	0.43
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	90	1.5	1.1	3.6	1.5	2.2	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)
<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)

INVOICE

31381

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function with no cause of a murmur identified. No significant valvular insufficiencies were noted, and no congenital issues identified. In the absence of significant volume changes (dehydration) or anemia, other possibilities include a physiologic flow murmur only present with elevated heart rates, or a small flow abnormality not seen here. It is reasonable to monitor periodically via recheck echocardiography in the future, particularly should the murmur persist/progress. It is important to note that ultrasound is insensitive for

DATE

6/15/23

IMAGING PERFORMED BY

K. Kicker, DVM

HOSPITAL NAME

Wauwatosa
Veterinary Clinic

REFERRING VET

Dr. Binor



PATIENT

Maia Heaton

small shunts/abnormalities particularly in congenital cases. Consider referral to an attending Cardiologist if the murmur persists undiagnosed.

SPECIES

Canine

No cardiac medications are indicated at this time. Monitor for any development of cough, labored breathing or exercise intolerance.

BREED

Terrier Mix

No cardiac contraindication for general anesthesia.

Plan: Consider referral to a local Cardiologist or reevaluate murmur origin in 6 months.

SEX

Female

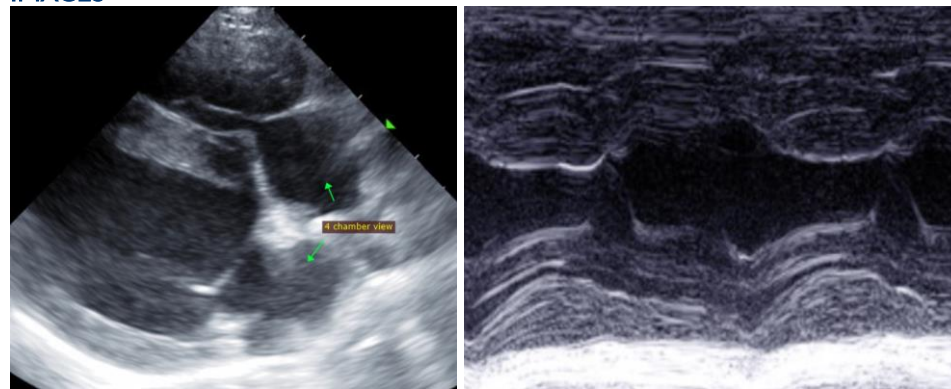
AGE

7 months

WEIGHT

8lbs

IMAGES



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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.

IMAGING PERFORMED BY

K. Kicker, DVM

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.

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