



PATIENT

Coco Gannon

PRESENTING CLINICAL SIGNS

History: Grade II/VI heart murmur. Echocardiogram prior to anesthesia for dental prophy. No clinical signs. BP: 160-165mmHg.

SPECIES

Canine

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.

BREED

Rat Terrier

Left atrium: The left atrium is normal in dimension.

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

SEX

Female Intact

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Slight narrowing of the LVOT. Mildly elevated aortic outflow velocity; laminar flow. No aortic insufficiency.

AGE

10 years

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.

WEIGHT

10.4lbs

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)	1.2
LA diam (cm)	1.6
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.7
LVID diastole (cm)	2.4
PW thickness (cm)	0.7
LVID systole (cm)	1.4
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	2.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCE

INTERPRETATION OF THE FINDINGS

The only cause of a murmur identified is increased flow velocity through the LVOT/aortic root. The LVOT is mildly narrowed, which may be contributing (ie a mild form of SAS). This is difficult to explain if this is a new murmur, as mild SAS is a congenital abnormality. Consider screening for fluid status abnormalities (dehydration, anemia, etc.) through routine lab work as these abnormalities would make this finding more prevalent. Regardless, this is considered a benign abnormality. Trace MR is suspected to be physiologic; however, follow up is advised. No significant valvular insufficiencies were noted, and no structural issues identified.

HOSPITAL NAME

Wignall Animal
Hospital

REFERRING VET

Dr. Detelich

INVOICE

24818

Prognosis is good.

RECOMMENDATIONS

- No cardiac medications are indicated.
- Baseline lab work recommended if not recently performed.

DATE

6/16/22



PATIENT

Coco Gannon

- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

SPECIES

Canine

PLAN

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

BREED

Rat Terrier

IMAGES

SEX

Female Intact



AGE

10 years

WEIGHT

10.4lbs

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.

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

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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IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

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