



PATIENT

Cash Dragonetti

SPECIES

Canine

BREED

Havanese

SEX

Male

AGE

9 months

WEIGHT

10.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Karen Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Sheridan

INVOICE

24950

DATE

6/23/22

PRESENTING CLINICAL SIGNS

History: Grade 2/6 heart murmur audible on preanesthetic exam for neuter last week. Postponed till today, murmur still audible this morning. NMA on previous visits. Very excited in hospital. Neuter done after echo.

- Blood work: Hct 55%, Chem panel WNL. HW4Dx: NEG x 4.
- Sedation: Propofol and Isoflurane.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild mitral valve leaflet thickening with no obvious prolapse into the left atrial lumen. Trace mitral regurgitation is identified. Normal left atrial dimension. Normal LV diameter with mildly depressed function. The tricuspid valve appears subjectively normal. Trace TR. The right heart is normal. No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. No aortic abnormalities identified, with normal outflow velocity. Normal pulmonic outflow velocities. No aortic insufficiency. No pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

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)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	NM	NM	1.3	24	42	0.3
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	120	1.4	0.7	4.8	1.6	2.5	1.9
*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

Overtly normal cardiac structure and function with no cause of a murmur identified. The systolic function is mildly depressed; however, the patient was under general anesthesia, and this is likely the suspected cause. Trace MR and TR are hemodynamically insignificant; however, follow up is advised. No other significant valvular insufficiencies were noted, and no structural 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



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flow abnormality not seen here. It is reasonable to monitor periodically via recheck echocardiography in the future, particularly should the murmur persist/progress.

SPECIES

Canine

In any congenital case, consider referral as the gold standard particularly given a persistently unknown cause of the murmur.

BREED

Havanese

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

SEX

Male

No cardiac contraindication for general anesthesia.

AGE

9 months

PLAN

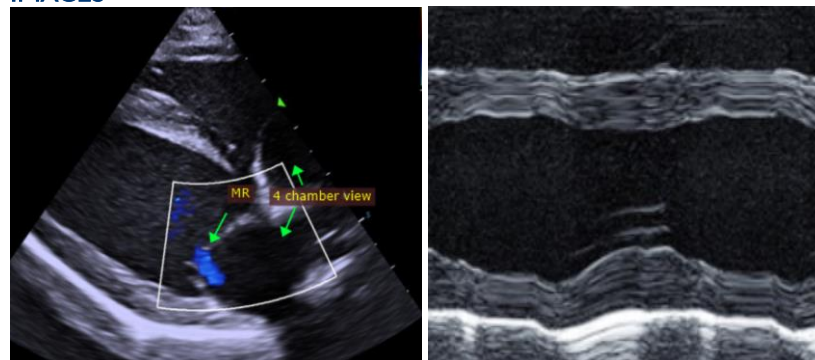
Consider brief recheck of LV function to establish a baseline. Consider referral as discussed if the murmur persists.

Recommend recheck echocardiogram in 1 year to screen for progression or development of concurrent cardiac disease that the preexisting murmur may mask.

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10.5lbs

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.

IMAGING PERFORMED BY

Dr. Karen Ebersole

HOSPITAL NAME

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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. Sheridan

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