



PATIENT

Link Kenney

SPECIES

Canine

BREED

Boston Terrier

SEX

Male Neutered

AGE

2.8 years

WEIGHT

16.5lbs

PRESENTING CLINICAL SIGNS

History: Link is referred to evaluate a heart murmur noted last year. He is currently doing well with a good appetite and activity level. History of food allergies. On exam, NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 160mmHg *Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with borderline function (likely due to sedation). LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trivial mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal 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 trace tricuspid regurgitation. Normal velocity.

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 120bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	1.9
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.9
LVID diastole (cm)	2.6
PW thickness (cm)	0.8
LVID systole (cm)	1.9
FS (%)	27

Doppler Measurements

PV Vmax (m/s)	0.71
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	1.9
TR PG (mmHg)	15

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25045

DATE

6/29/22

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. Trivial MR and trace TR are noted; however, these are unlikely to be heard on exam. The systolic function is borderline, which is likely due to heavy sedation. No cause of the murmur is identified in this study. In the absence of significant volume changes (dehydration) or anemia, other possibilities include a physiologic flow murmur only present with elevated heart rates (**masked by sedation**), or a small flow abnormality not seen here. Baseline lab work is recommended if not recently performed. It is reasonable to monitor periodically via recheck echocardiography in the future, particularly should the murmur persist/progress. No significant valvular insufficiencies were noted, and no structural issues identified.



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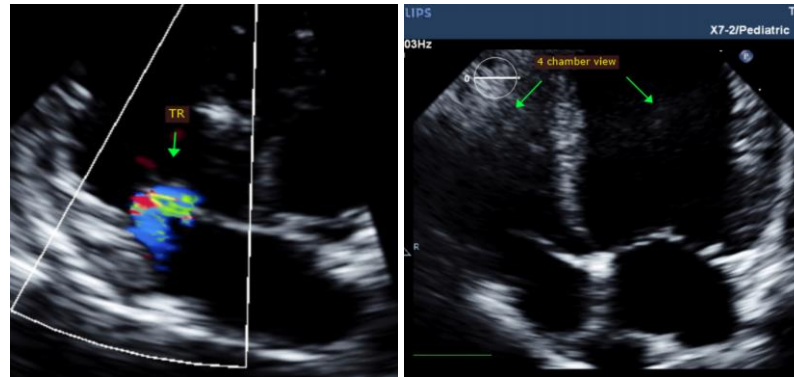
RECOMMENDATIONS

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

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)
info@sonopath.com

Echocardiogram performed by:

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

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