



**PATIENT**

Mozzarella Uwujaren

**SPECIES**

Canine

**BREED**

Greyhound

**SEX**

Female Spayed

**AGE**

7.13.13

**WEIGHT**

59.4lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Westminster  
Veterinary Hospital

**REFERRING VET**

Dr. Hall

**INVOICE**

24669

**DATE**

6.8.22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Grade 3 heart murmur. Asymptomatic. Assess prior to dental. Hypertension better controlled.

-Pertinent abnormal PE/Chem/CBC/UA Results: 5/19/22: CBC/Chem21: grossly normal bloodwork  
-Current medications: Amlodipine 5mg PO SID started 7/2021, Benazepril 10mg PO BID started 3/2022. Gabapentin 300mg PO upon arrival to the hospital.

-Blood pressure: 6/8/22: 188/125, 189/123, 191/99, 180/115, 182/115mmHg.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (9/2021 MML): Trace MR, no LA or LVE, trace TR. LVOTO: 2.5m/s, mild to moderate AI. LA: 3.0, LV: 4.5.

-STAT: Not requested.

-Imaging performed by: Stephanie Pearce RDCS, RVT.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. Trace mitral regurgitation is identified. No left atrial dilation. Borderline LV diameter with adequate myocardial function for this breed. The tricuspid valve appears subjectively normal with trace tricuspid regurgitation. Borderline velocity. The right heart is normal. The pulmonic and aortic valves are normal in morphology and mobility. No aortic abnormalities identified, however the LVOT velocity is borderline elevated. Normal pulmonic outflow velocities. Mild aortic insufficiency. No PI. No pericardial or pleural effusion noted.

**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	NA	2.8	NM	1.2	36	65	NM
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	159	2.0	1.3	26.9	3.2	4.7	3.1
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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)

Adapted from June Boon, Veterinary Echocardiography, 1998  
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435  
Hansson et al, Vet Rad and Ultrasound 2002  
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, the findings are similar. The left heart dimensions are unchanged, and MR/TR are hemodynamically insignificant. The aortic leak is slightly improved, likely due to blood pressure treatment. No additional issues are identified.

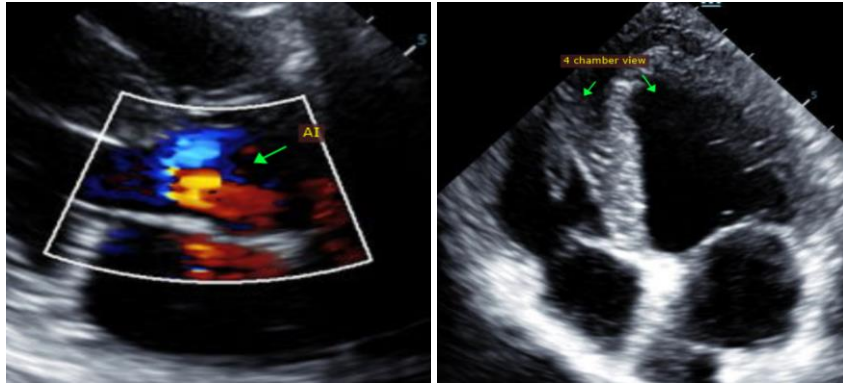
Given these findings, continue treatment for hypertension is recommended.

Serial monitoring is recommended to assess significance of early valve disease and monitor for progression. Monitor for any development of cough, labored breathing or exercise intolerance.

No contraindication for general anesthesia at this time. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless clinically indicated.

Recommend recheck echocardiogram in 1 year to screen for any progressive changes.

### IMAGES



**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.

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