


**PATIENT**

McGee Fletcher

**SPECIES**

Canine

**BREED**

Toy Poodle

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

14lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Meredith Swart, DVM

**HOSPITAL NAME**

 Swart Veterinary  
 Imaging

**REFERRING VET**

Dr. Swart

**INVOICE**

31826

**DATE**

7/13/23

**PRESENTING CLINICAL SIGNS**

History: Low grade left side murmur auscultated by rDVM. Echo today is pre-operative for dental procedure. Echo performed last year for a persistent cough staged McGee at ACVIM B1. LVIDd was 24.5 mm, LVIDs 13 mm, FS% 47, LA/AO 1.27 No cardiac medications were recommended.

**ECHOCARDIOGRAM FINDINGS**

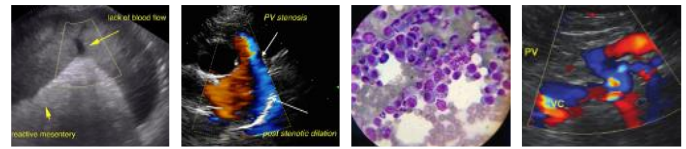
2D, m-mode, color flow and doppler imaging is available. Mild mitral valve leaflet thickening with no obvious prolapse into the left atrial lumen. Trivial mitral regurgitation is identified. Normal left atrial dimension. Normal LV diameter with normal myocardial function. The tricuspid valve appears subjectively normal. No 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	NA	1.3	1.2	46	90	0.2
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	NM	1.2	1.2	6.4	1.4	2.2	1.2
*Normal chamber parameters expressed as a mean value (SD)							
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>							
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>							
				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
				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. Trivial MR is noted, which may suggest early valve disease; however, this is unlikely to be heard upon exam. 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 flow abnormality not seen here. It is reasonable to monitor periodically via recheck echocardiography in the future, particularly should the murmur persist/progress.



**PATIENT**

McGee Fletcher

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

**SPECIES**

Canine

No cardiac contraindication for general anesthesia.

**BREED**

Toy Poodle

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

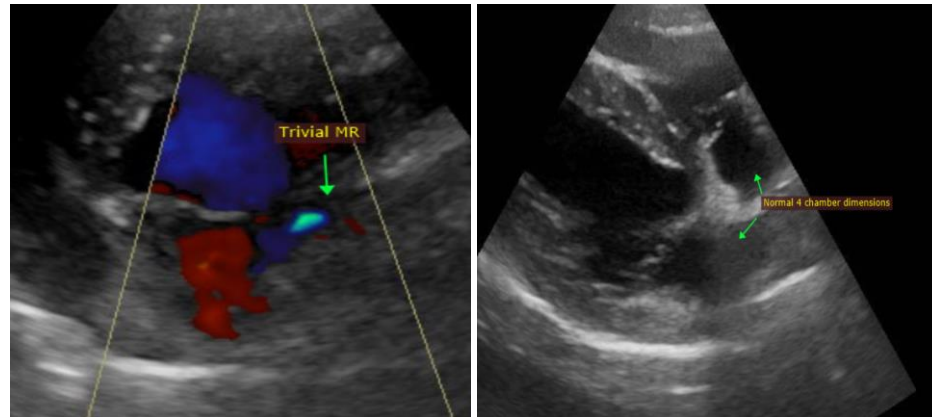
**SEX**

Male Neutered

**IMAGES**

**AGE**

12 years



**WEIGHT**

14lbs

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.

**IMAGING PERFORMED BY**

Meredith Swart, DVM

**Maggie Machen Lamy, DVM**  
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