



PATIENT

Daisy Slowic

PRESENTING CLINICAL SIGNS

History: Murmur, grade 2/6 holosystolic, synchronous pulses. Assess prior to spay.

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. A small perimembranous ventricular septal defect (VSD) is visualized. The flow is left to right; max velocity 4.5m/s.

BREED

Beagle

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is normal with trivial mitral regurgitation.

SEX

Female Intact

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: The RV appears normal with no evidence of hypertrophy.

Right atrium: Normal RA dimension.

AGE

6 months

Tricuspid valve: The tricuspid valve appears normal with mild 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 100bpm.

WEIGHT

18lbs

2-Dimensional Measurements

Doppler Measurements

| | |
|--------------------|-----|
| Ao diam (cm) | 2.0 |
| LA diam (cm) | 2.0 |
| LA:Ao (Swe) | 1.0 |
| IVS thickness (cm) | 0.6 |
| LVID diastole (cm) | 2.5 |
| PW thickness (cm) | 0.6 |
| LVID systole (cm) | 1.4 |
| FS (%) | 43 |

| | |
|----------------|------|
| PV Vmax (m/s) | 0.85 |
| AoV Vmax (m/s) | 1.1 |
| MR Vmax (m/s) | NA |
| TR Vmax (m/s) | 2.0 |
| TR PG (mmHg) | 16 |

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

VCA Palmer

INTERPRETATION OF THE FINDINGS

The only cause of a murmur identified is a perimembranous ventricular septal defect (VSD). The defect is small in dimension, with high velocity left to right flow. There is no evidence of left heart volume overload or mild relative pulmonic stenosis at this time. Assessment of progression in the future will help predict long term prognosis, which is generally good with this size defect. Most small congenital shunts are able to live a normal life free of medications, however the true hemodynamic consequence cannot be determined prior to assessment when full stature.

REFERRING VET

Dr. Mellon

RECOMMENDATIONS

- No medications are indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mildly elevated if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively

INVOICE

32050

DATE

8/1/23



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Daisy Slowic

and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

SPECIES

Canine

- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

BREED

Beagle

- Recommend conservative monitoring with a recheck echocardiogram in 8-12 months (once full stature), sooner if any development of clinical signs.

IMAGES

SEX

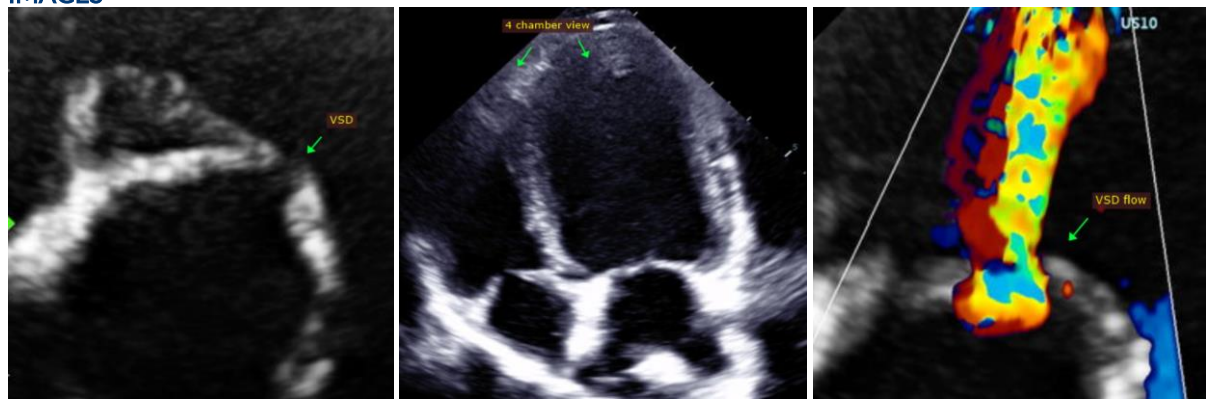
Female Intact

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WEIGHT

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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

Pamela Harrigan,
 RDCS

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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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HOSPITAL NAME

VCA Palmer

Echocardiogram performed by: Pamela Harrigan, RDCS
 Pet Animal Ultrasound Service (4paus.com)

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