



PATIENT

Finn Abbatamatteo

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Male Neutered

AGE

11 years

WEIGHT

41lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

VCA Palmer

REFERRING VET

Dr. Graziano

INVOICE

32053

DATE

8/1/23

PRESENTING CLINICAL SIGNS

History: Patient was found to have a grade 3/6 murmur L systolic at his last wellness visit. O would like confirmation of cause of murmur and to move forward with medical or other treatment if indicated. No current signs of exercise intolerance, cough or heart failure. Patient is otherwise healthy.

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.

Left atrium: The left atrium is normal.

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

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly elevated 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/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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	1.6
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.6
LVID diastole (cm)	2.1
PW thickness (cm)	0.6
LVID systole (cm)	0.6
FS (%)	61

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	2.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.4
TR PG (mmHg)	23

INTERPRETATION OF THE FINDINGS

The only cause of a murmur identified is mildly increased flow velocity through the LVOT/aortic root. No obvious subaortic ridge or valvular abnormalities are visualized, and in the absence of structural abnormalities this is considered a benign flow abnormality. Baseline lab work is recommended, as volume changes can exacerbate this finding. Trace/mild TR is noted; however, this is unlikely to be heard on physical exam. 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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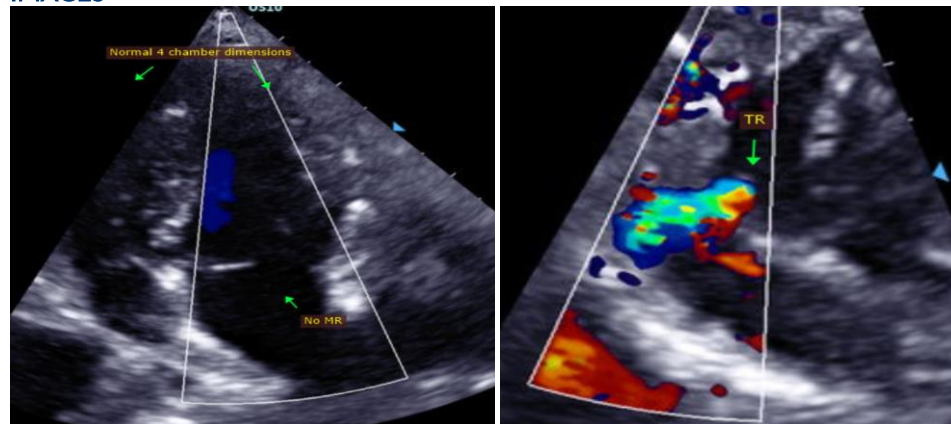
RECOMMENDATIONS

- No cardiac medications are indicated at this time. Monitor for any development of cough, labored breathing or exercise intolerance.
- Consider baseline lab work if not recently performed.
- 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



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.

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)