



PATIENT

Abbi Carmody

SPECIES

Canine

BREED

Cockapoo

SEX

Female Spayed

AGE

13 years

WEIGHT

18lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25835

DATE

8/17/22

PRESENTING CLINICAL SIGNS

History: Abbi was noted to have a heart murmur in January. She has a long-standing history of chronic enteropathy as well as elevated hepatic enzymes and PLN. No C/S/V/D but has a very sensitive GI tract and will have diarrhea with any changes. Chronic heavy panting. On exam: NSR, no murmurs noted, PSS, lung fields clear. BP: 220 mmHg x 5 (stressed). Medications: 1) Telmisartan 20mg 1/2 tab daily 2) Amlodipine 2.5mg 1 tab twice a day *No sedation for study, patient was extremely stressed.

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 in dimension.

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

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Mildly elevated 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 no tricuspid regurgitation.

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 200bpm.

2-Dimensional Measurements

Ao diam (cm)	2.0
LA diam (cm)	2.4
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.9
LVID diastole (cm)	3.0
PW thickness (cm)	1.0
LVID systole (cm)	0.9
FS (%)	70

Doppler Measurements

PV Vmax (m/s)	1.5
AoV Vmax (m/s)	2.8
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The only cause of a murmur identified is increased flow velocity through the LVOT/aortic root. This appears highly heart rate dependent, with readings as high as 3.0m/s and as low as 1.7m/s. No obvious subaortic ridge or valvular abnormalities are visualized, and in the absence of structural abnormalities this is considered a benign flow murmur. If this is a new murmur, it is reasonable to monitor periodically via recheck echocardiography in the future. Additionally, screening for fluid status abnormalities (dehydration, anemia, etc.) is recommended through routine lab work as these abnormalities would make this finding more prevalent. Trace MR is noted, which is likely physiologic; however, follow up is advised. No significant valvular insufficiencies were noted, and no structural issues identified.



PATIENT

Abbi Carmody

In addition to a heart rate dependent flow abnormality, the patient does have elevated blood pressure and tachycardia. These in total are likely reflective of high stress levels. Consider oral anti-anxiety options prior to further evaluations, such as Gabapentin or Trazodone.

SPECIES

Canine

Prognosis is good.

BREED

Cockapoo

RECOMMENDATIONS

- No cardiac medications are indicated.
- Baseline lab work recommended if not recently performed.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

SEX

Female Spayed

PLAN

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

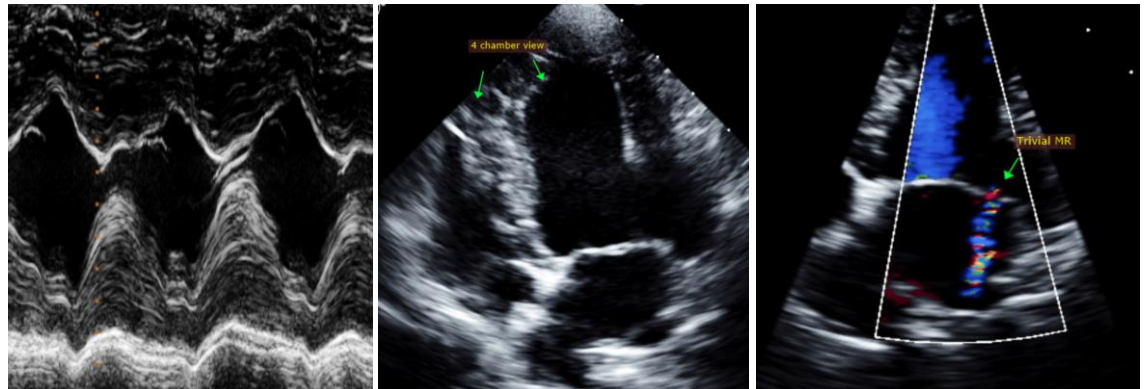
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

REFERRING VET

Dr. Masloski

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Echocardiogram performed by:

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

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