



PATIENT

Lily Honek

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 2/6 heart murmur. Assess prior to anesthesia.
-Pertinent previous echo findings (12/2022 MD): Normal LVOT murmur.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. No mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. Normal LV wall dimensions with no obvious hypertrophy. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic valve appears normal in morphology and mobility. Normal pulmonic outflow velocities with laminar flow. The aortic valve is abnormal with abnormal closure. A bicuspid valve is suspected in some views. Moderately increased LVOT velocity consistent with stenosis. No obvious sub-aortic component. No aortic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

BREED

Bull Terrier Mix

SEX

Female Spayed

AGE

7 years

CARDIAC CHART

WEIGHT

57.3lbs

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	NA	1.3	1.4	41	72	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	150	3.8	1.1	26.0	3.2	3.9	2.3
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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)

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

New Hamburg Vet
Clinic

REFERRING VET

NP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is moderate aortic stenosis due to an abnormal aortic valve, which is common in this breed. A bicuspid morphology is suspected, although difficult to confirm. Regardless, the degree of abnormality is mild, with a moderately increased pressure gradient and normal LV wall thickness, indicating the disease is likely of minimal clinical significance. Prognosis is likely good in a 7-year-old dog; however, monitoring is recommended going forward. No additional issues are identified.

INVOICE

32093

DATE

8/2/23



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No cardiac medications are indicated at this time. From a cardiac standpoint, monitor for development of collapse episodes, labored breathing or exercise intolerance, as AS patients are more predisposed to development of arrhythmias than to CHF (particularly Boxers and Bulldogs).

SPECIES

Canine

Anesthetic risk is low. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless clinically indicated. Recommend prophylactic antibiotics for any orthopedic or dental procedure in the future given slight predisposition to endocarditis.

BREED

Bull Terrier Mix

Recommend recheck echocardiogram annually, sooner should any clinical signs arise.

SEX

Female Spayed

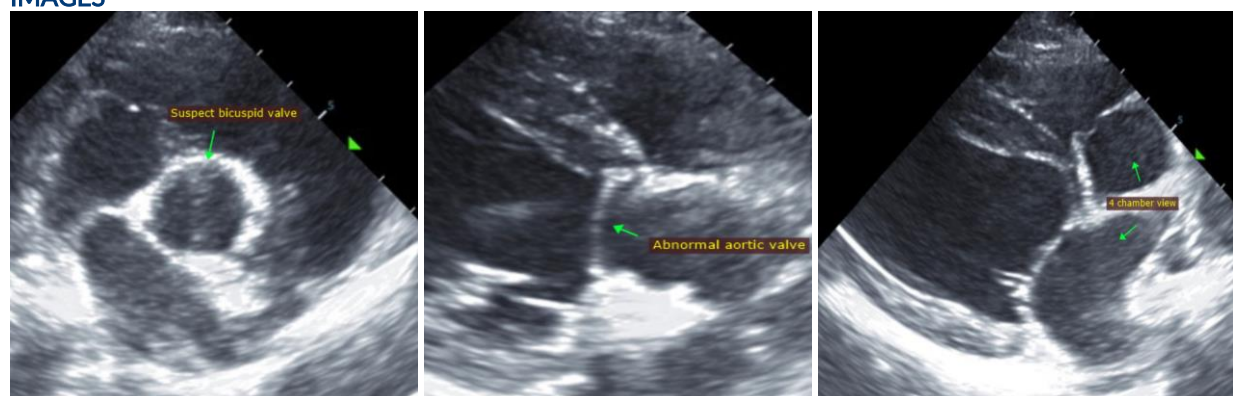
AGE

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IMAGES



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Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

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

Crystal Hill, RVT

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
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