



PATIENT

Molly Hodges

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

14 years

WEIGHT

4.94lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Heidi Putnam, SDEP
Clinical Sonographer

HOSPITAL NAME

H & H Veterinary
Care

REFERRING VET

Dr. Henery

PRESENTING CLINICAL SIGNS

History: Heart murmur, grade 2 periodontal disease, grade 3 tracheal collapse.
-Blood pressure: 110/68/80mmHg.

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. No mitral regurgitation is identified. Normal left atrial dimension. Normal to slightly decreased LV diameter with adequate myocardial function. The LV wall thickness is mildly increased. 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 | NA | NA | NM | 1.1 | 57 | 90 | 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 | 180 | 1.2 | 1.1 | 2.2 | 1.2 | 1.6 | 0.6 | |
| *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 Adapted from June Boon, Veterinary Echocardiography, 1998 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435 Hansson et al, Vet Rad and Ultrasound 2002 Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995 | | | | | 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) |

INVOICE

20730

DATE

8/24/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function with no cause of a murmur identified. No 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



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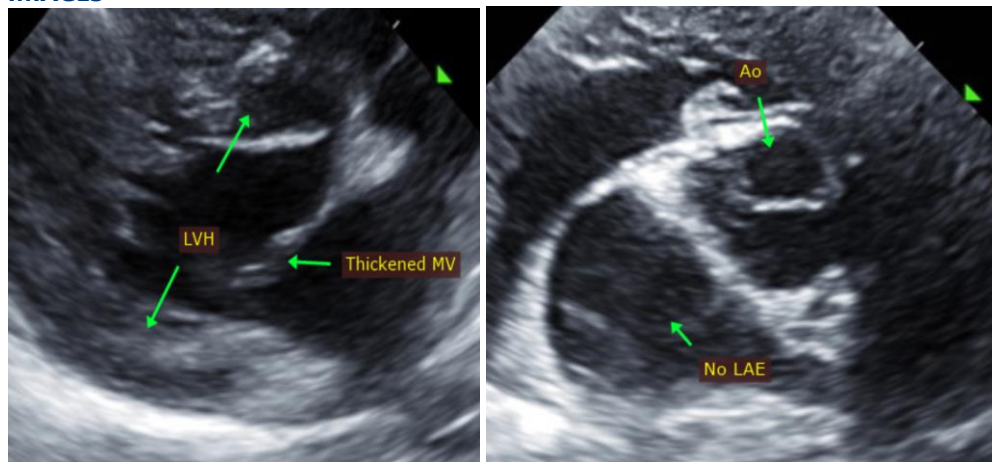
flow murmur only present with elevated heart rates, or a small flow abnormality not seen here. It is reasonable to monitor periodically via recheck echocardiography in the future, particularly should the murmur persist/progress. Mild LV thickening is noted; however, the reported blood pressure is normal. Consider ruling systemic abnormalities that may lead to this finding such as dehydration or anemia.

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

No cardiac contraindication for general anesthesia.

Recommend recheck echocardiogram in 12 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
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