

**PATIENT**

Kira Hebert

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Female Spayed

**AGE**

5 years

**WEIGHT**

52.9lbs

**PRESENTING CLINICAL SIGNS**

History: Had TPLO 7/26. Since then, has had decreased appetite and fever. All diagnostics normal. Concern for endocarditis. -Prednisone 5mg 1t BID -Amoxicillin 500mg 1t TID -Doxycycline 100mg 2 1/2t \*Sedated with Butorphanol for study.

**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. Trace central MR.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity depending on heart rate; 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 120bpm.

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

Ao diam (cm)	2.3
LA diam (cm)	1.6
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.8
LVID diastole (cm)	4.4
PW thickness (cm)	0.8
LVID systole (cm)	2.9
FS (%)	34

**Doppler Measurements**

PV Vmax (m/s)	0.86
AoV Vmax (m/s)	2.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDMS

**INTERPRETATION OF THE FINDINGS**

Overtly normal cardiac structure and function. The overall dimensions are normal with no evidence of significant structural disease. Follow up is advised should a murmur be ausculted in the future. No additional issues are identified.

**HOSPITAL NAME**

Wignall Animal  
Hospital

**REFERRING VET**

Dr. Colella

Endocarditis is considered unlikely without obvious aortic or mitral valve changes, new insufficiency such as AI/MR or secondary volume changes to the cardiac structures. That being said, it is important to note that vegetative lesions are not always visualized with endocarditis, and ultrasound is a fairly poor screening tool. If there is any question going forward, blood cultures can be considered.

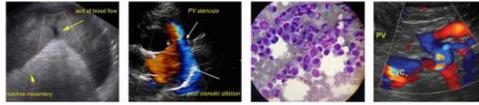
**INVOICE**

26016

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

**DATE**

8/25/22



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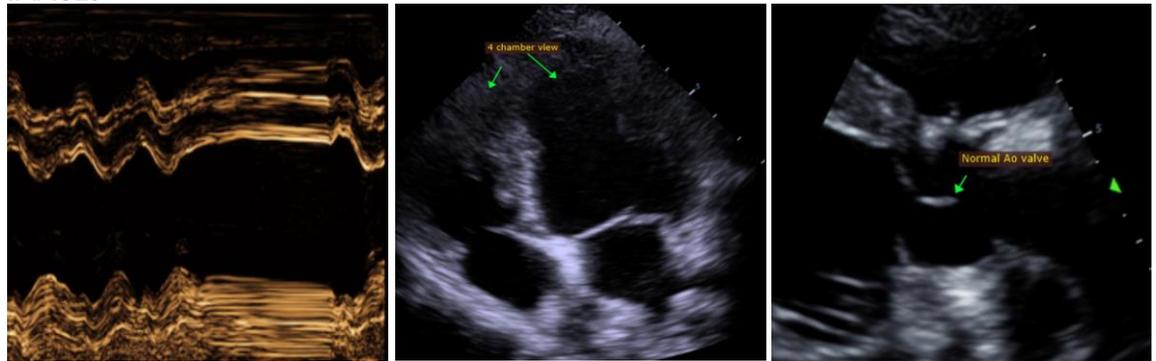
**RECOMMENDATIONS**

- Consider blood cultures, systemic evaluation as discussed.
- No cardiac medications are clearly indicated.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram should a murmur or signs of cardiac compromise be noted in the future.

**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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 info@sonopath.com