



PATIENT

Delilah Lynch

SPECIES

Canine

BREED

Mastiff

SEX

Female Intact

AGE

1.4 years

WEIGHT

111lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Schuelke

INVOICE

26530

DATE

9/23/22

PRESENTING CLINICAL SIGNS

History: Grade III/VI apical holosystolic murmur, noted on exam. Echocardiogram prior to anesthesia for OVH. BP: 120mmHg x3

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 normal with no prolapse into the left atrial lumen. Trivial mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Mildly elevated aortic outflow velocity; laminar flow. Trivial 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. Trivial pulmonic insufficiency. Mildly elevated 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 100bpm.

2-Dimensional Measurements

Ao diam (cm)	3.6
LA diam (cm)	3.7
LA:Ao (Swe)	1.0
IVS thickness (cm)	1.3
LVID diastole (cm)	4.9
PW thickness (cm)	1.4
LVID systole (cm)	3.2
FS (%)	35

Doppler Measurements

PV Vmax (m/s)	1.9
AoV Vmax (m/s)	1.9
MR Vmax (m/s)	NA
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 both great vessels. No obvious subvalvular ridges or valvular abnormalities are visualized, and in the absence of structural abnormalities this is considered a benign flow murmur. A trivial aortic leak is noted and blood pressure monitoring is advised. As 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. No significant valvular insufficiencies were noted, and no structural issues identified.

Prognosis is good.



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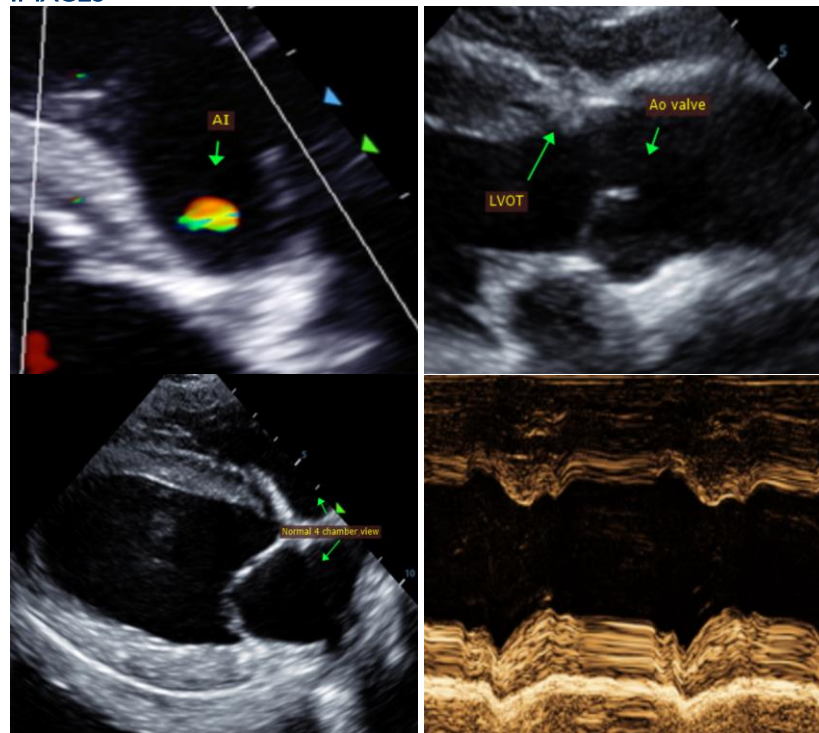
RECOMMENDATIONS

- No cardiac medications are indicated.
- Monitor blood pressure annually.
- 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.

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.

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