



PATIENT

Kiara Gordils

PRESENTING CLINICAL SIGNS

History: Grade I-II/VI heart murmur; no clinical signs. BP: 120-124mmHg.

SPECIES

Canine

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.

BREED

Maltese

Left atrium: The left atrium is normal.

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

SEX

Female Intact

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

AGE

10 years

Tricuspid valve: The tricuspid valve appears mildly thickened with trace tricuspid regurgitation. Normal velocity.

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.

WEIGHT

10.8lbs

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 110bpm.

2-Dimensional Measurements

Doppler Measurements

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Ao diam (cm)	1.4
LA diam (cm)	1.5
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.54
LVID diastole (cm)	1.9
PW thickness (cm)	0.54
LVID systole (cm)	1.0
FS (%)	48

PV Vmax (m/s)	0.77
AoV Vmax (m/s)	0.92
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.3
TR PG (mmHg)	22

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. No cause of the murmur is identified in this study. Trace TR and AI are identified which may reflect early valve disease or may simply be physiologic in origin (neither would be ausculted on exam). In the absence of significant volume changes (dehydration) or anemia, other possibilities include a physiologic flow murmur only present with elevated heart rates, or a small flow abnormality not seen here. Baseline lab work is recommended if not recently performed. It is reasonable to monitor periodically via recheck echocardiography in the future, particularly should the murmur persist/progress. No significant valvular insufficiencies were noted, and no structural issues identified.

HOSPITAL NAME

Rhode Island Animal
Medical Center

REFERRING VET

Dr. Hart

INVOICE

21237

RECOMMENDATIONS

- 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.

DATE

9/27/21



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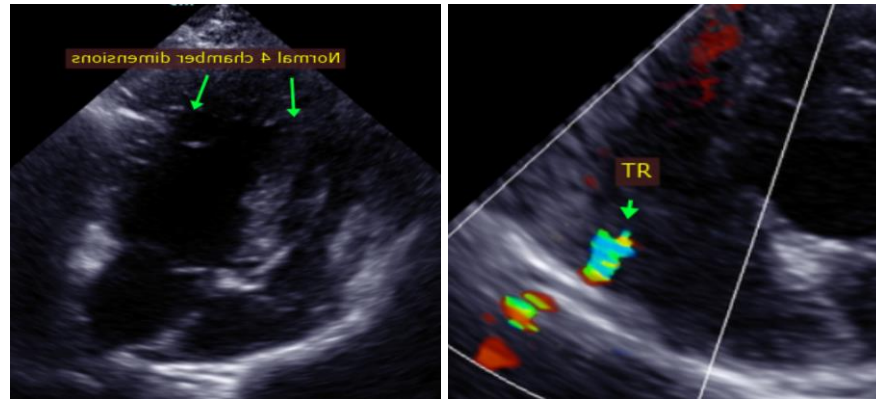
DATE

9/27/21

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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