

**PATIENT**

Avie Gantt

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Intact Female

**AGE**

2 Years 3 Months

**WEIGHT**

49.8 Pounds

**INTERPRETED BY**

Camden Rouben, DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Hospital of  
 Boone

**REFERRING VET**

Dr. Shutt

**INVOICE**

35908

**DATE**

5/1/26

**PRESENTING CLINICAL SIGNS**

History: P presented for echo due to murmur heard on morning of spay. Spay aborted. Please comment on anesthesia safety and protocol.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT			1.38	1.58	44.12	75.37	0.6
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	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				
PATIENT		At least 2.5	10.87	22.6	4.2	4.67	2.61

RVOT Vmax: 1.8 m/s

**Cardiac Presentation**

Based off of the images provided, the mitral valve leaflets are normal. There's no mitral regurgitation. There's no prolapse of the mitral valve leaflets. Left atrial size is normal. The left ventricular systolic and diastolic function is within normal limits and dimensions are also within normal limits. The right atrial size is normal without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension. The right ventricle subjectively appears normal in structure and function. Pulmonic valves have normal morphology and the corresponding outflow velocities of the pulmonic valves are within normal limits. There is trace pulmonic and aortic insufficiency. The overall aorta appears normal. The aortic valve outflow velocities measure at the high end of normal and the morphology of the aortic valve cannot be assessed based off of the images provided. The pulmonary artery and associated branches appear normal. There's no evidence of pleural effusion, pericardial effusion, or intracardiac masses based off of the images provided.

**ULTRASONOGRAPHIC FINDINGS**

- Based off of the images provided, this patient has aortic outflow velocities that measure at the high end of normal.



**PATIENT**

- There is trace aortic and pulmonic insufficiency.

Avie Gantt

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

No cardiac medications are indicated at this time. Subclinical or very mild aortic valvular dysplasia or subaortic stenosis cannot be ruled out based off of the images provided. To be prudent, it is recommended that this patient receive prophylactic antibiotics prior to any surgical anesthetic procedure. If this patient does have even mild aortic valve dysplasia or subaortic stenosis, he is at an increased risk of developing endocarditis. A sooner recheck is recommended in this patient if the patient develops cardiovascular clinical signs or the heart murmur worsens in intensity. Anesthetic procedures should be well tolerated. Recheck echocardiogram is recommended in 10 - 12 months.

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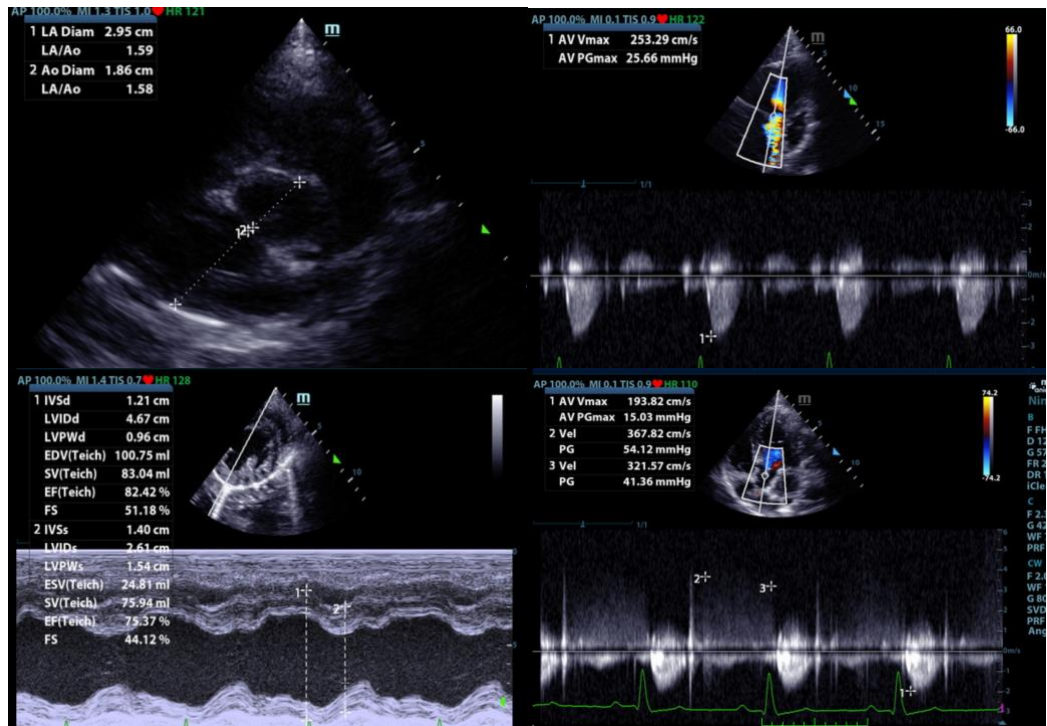
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Camden Rouben DVM, DACVIM (Cardiology)

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