



PATIENT PRESENTING CLINICAL SIGNS

Ryleigh Cammer History: 4/6 heart murmur. Heard previously but getting louder
SPECIES Abnormal PE/Chem/CBC/UA Results: chest rads and BP pending Panting

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Hound X

SEX

Spayed Female

AGE

2 Years

WEIGHT

91.6 lbs

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	<1.3	28-40	40-100	<0.6
PATIENT	--	--	1.15	1.4	45	90	0.1
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				
PATIENT	110	2.5	1.10	--	2.8	3.7	--

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal)

HOSPITAL NAME

Brighton AH

REFERRING VET

Dr. Elizabeth Wetzel

INVOICE

16676

DATE

7/18/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. Aortic velocity was slightly elevated. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Idiopathic mild increased LVOT velocity
- Structurally normal heart otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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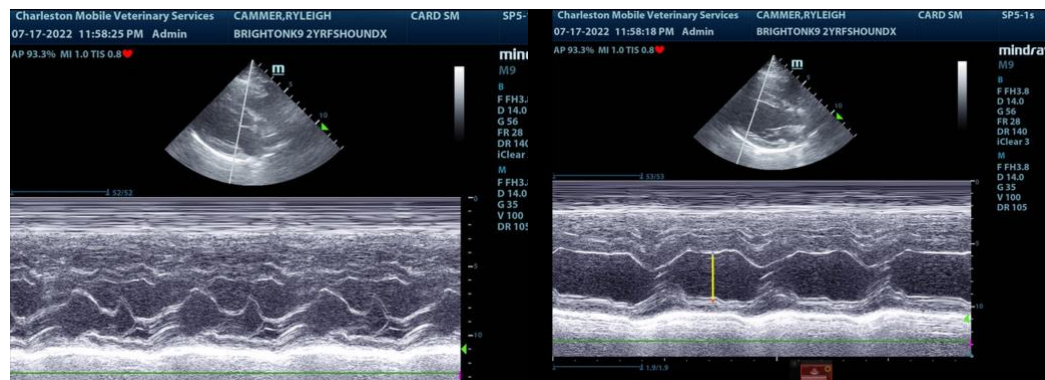
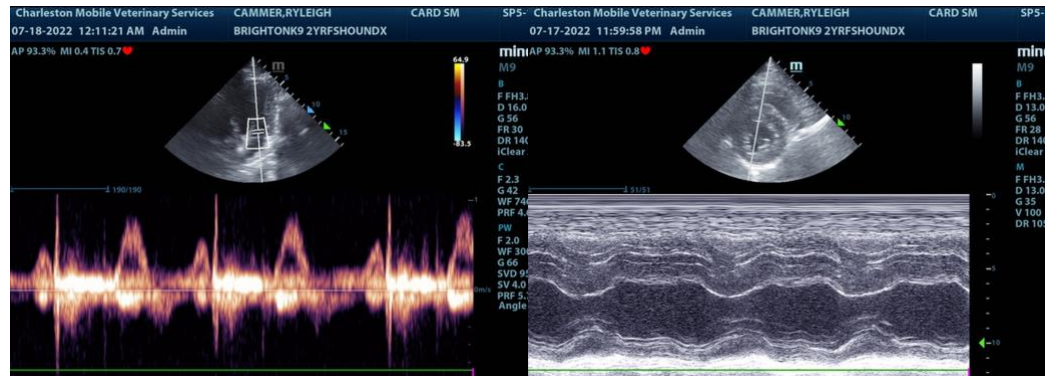
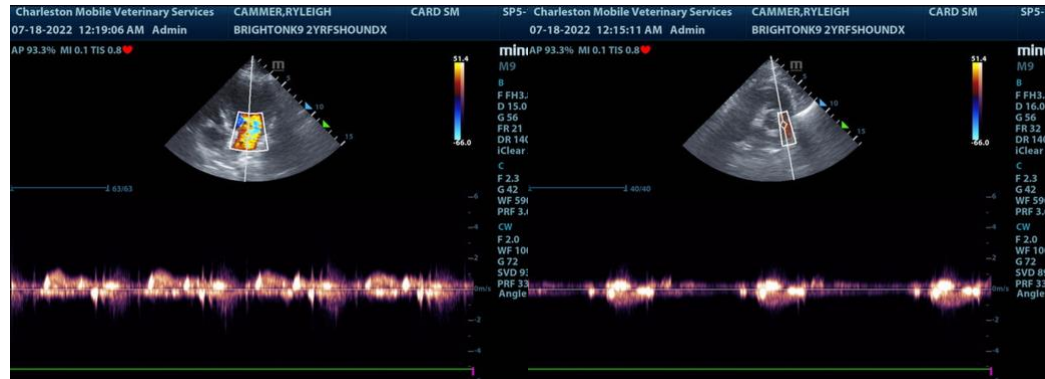
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This is an idiopathic change, not pathological. It is equivocal for subaortic stenosis yet structurally the aortic valve appears unremarkable. The only turbulent flow appears to be in the left ventricular outflow tract, and it is fairly mild. All of the other valvular structures and doppler flows are normal. No evidence of significant disease and no evidence of volume overload or hemodynamically significant flow turbulence. No contraindications to anesthetic procedure, if necessary. Recheck echo in one year, or earlier if murmur grade increases.





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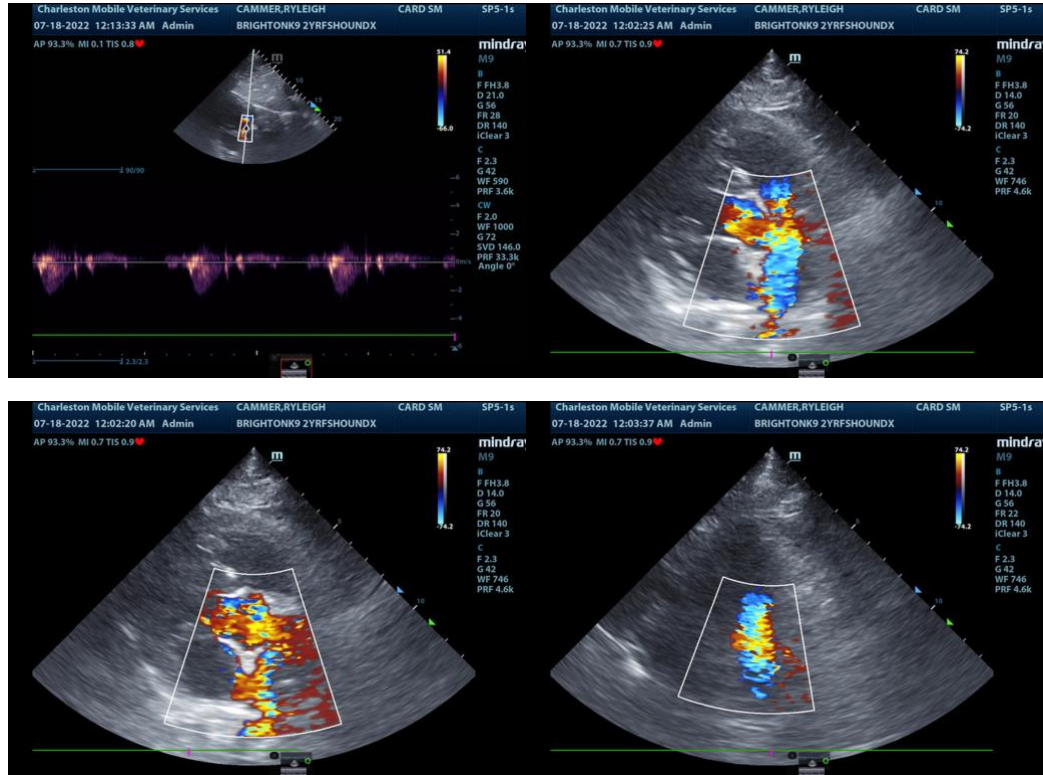
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

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