
PATIENT PRESENTING CLINICAL SIGNS

Akamaru Lausi History: Apparently healthy II-III left-sided systolic murmur - more pronounced at higher heart rate
 Abnormal PE/Chem/CBC/UA Results: Elevated ALT on 3/7: 1046 U/L on 3/9: 826 U/L

SPECIES

Canine

BREED

Labrador Cross

SEX

Intact male

AGE

1 year

WEIGHT

34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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 Medicine)

HOSPITAL NAME

Flowertown AH

REFERRING VET

Dr. Nawa

INVOICE

96709

DATE

3/9/22

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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. The **left ventricular outflow** tract revealed mild turbulence, yet no clinically significant. 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.

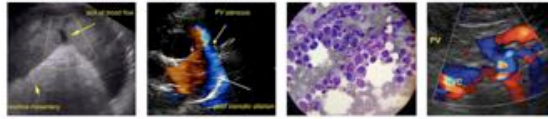
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	-	-	1.15	1.3	30	80	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA 2D short axis 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		-	0.9	34 lbs	2.6 max	3.5	

ULTRASONOGRAPHIC FINDINGS

Likely idiopathic flow murmur of the LVOT especially when more pronounced at higher heart rate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

All valvular apparati were evaluated with spectral and color flow Doppler. There was no evidence of turbulence present with the exception of the left ventricular outflow tract. Respiratory interference did not allow for completely Doppler evaluation. Structurally the aortic valve was unremarkable. However,



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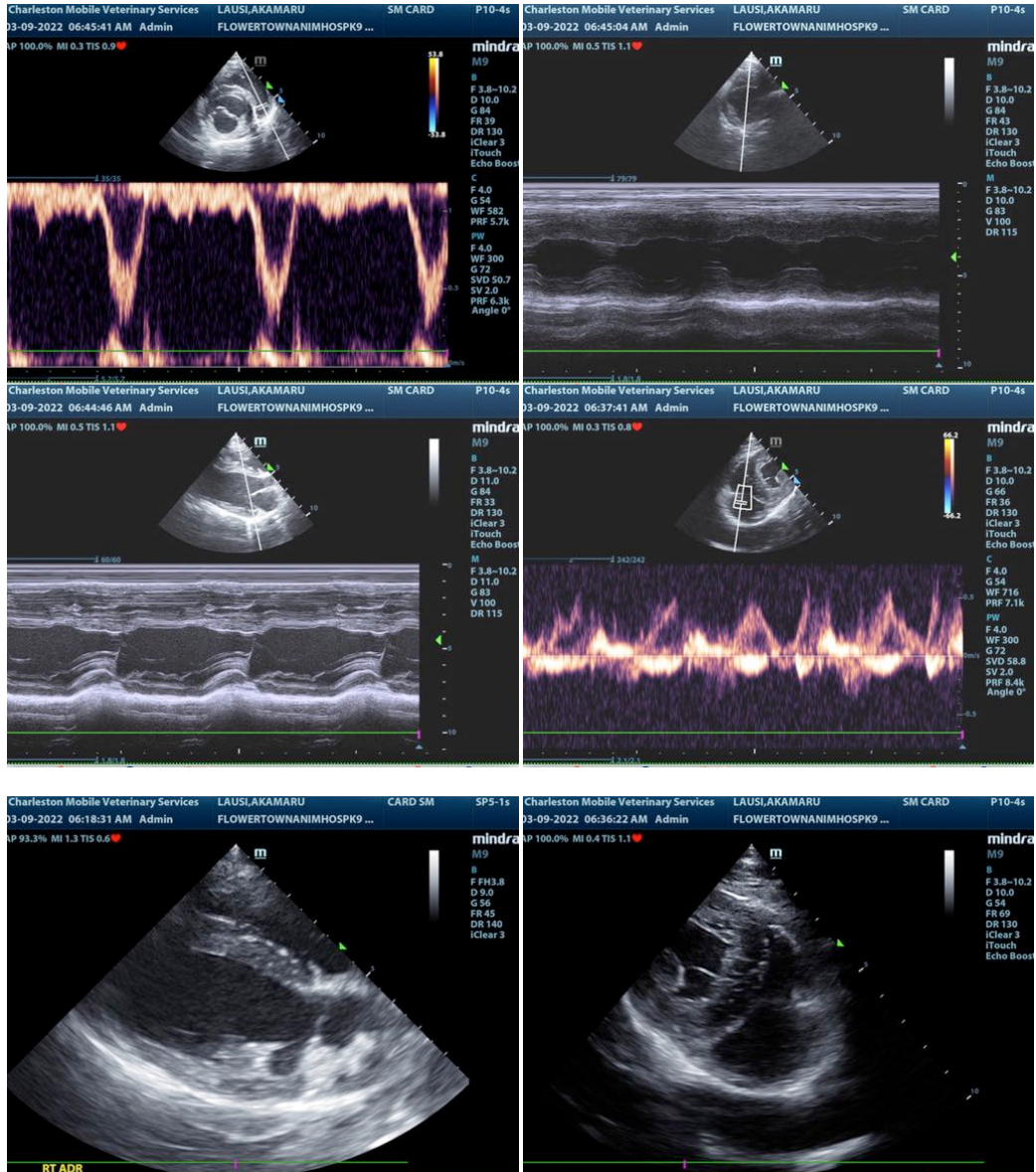
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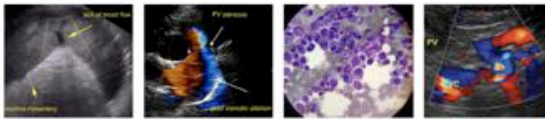
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sedation would be necessary for further definition of the LVOT velocity as this is likely the source of the murmur especially if an ejection murmur, yet it is not hemodynamically significant. However, this is not clinically significant and can also be rechecked in 6-12 months if the murmur is still present. There were no structural changes were noted in the heart or any of the valvular apparatus.





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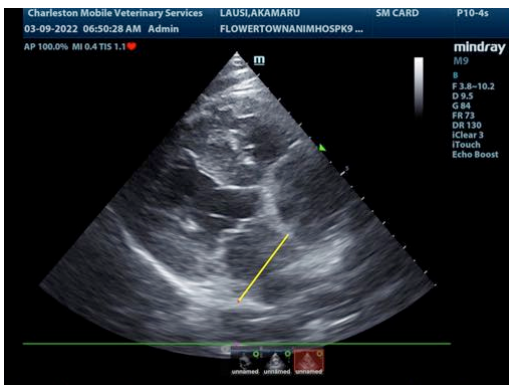
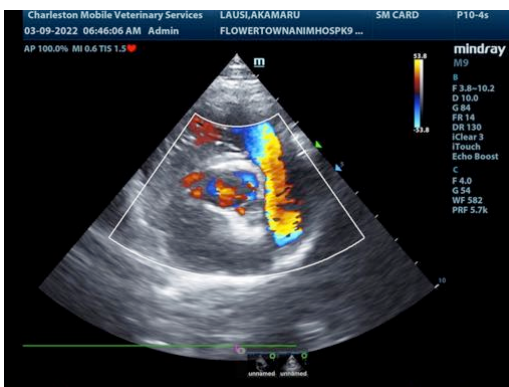
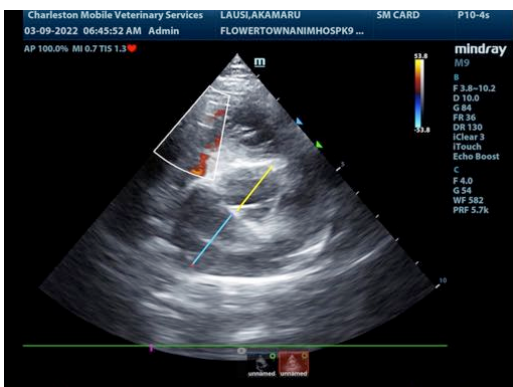
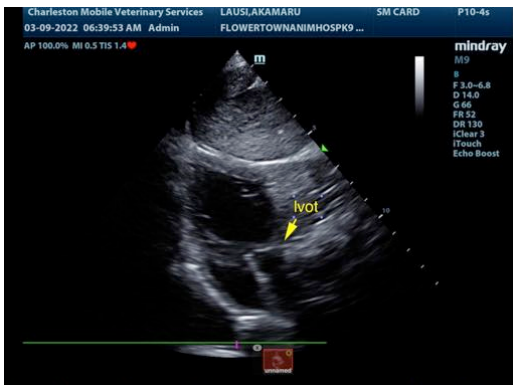
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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