



PATIENT

Takis Lissenden

PRESENTING CLINICAL SIGNS

History: Recheck echo – history of mild TVD. No auscultable heart murmur. Asymptomatic. Assess prior to possible breeding.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. Trace mitral regurgitation seen. Normal velocity. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with trace/mild TR. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. No PI. No evidence of SAS or other congenital stenosis. Normal LVOT velocities. No obvious cardiac shunts. Normal pulmonic outflow velocities; laminar flow. No pericardial or pleural effusion noted. No cardiac tumors identified.

BREED

Lab

SEX

Male Intact

CARDIAC CHART

AGE

2 years

WEIGHT

92lbs

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	5.0	2.0	NM	1.1	40	74	NM
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	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	1.4	1.2	41.7	2.5	4.5	2.7
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Trinity Island VC

REFERRING VET

Dr. Oldham

INVOICE

46429

DATE

1/13/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is a small tricuspid leak with mild valve thickening, which may reflect a very mild form of TVD, given the breed. The right heart is normal, suggesting this is of little hemodynamic significance. There is also trace MR, which appears physiologic; however, monitoring is advised. No obvious additional congenital issues or cardiac enlargement/dysfunction at this time.

This patient falls in the equivocal category for breeding purposes. While what is seen here should certainly not impact the life of the animal, this may reflect a mild form of TV dysplasia which is



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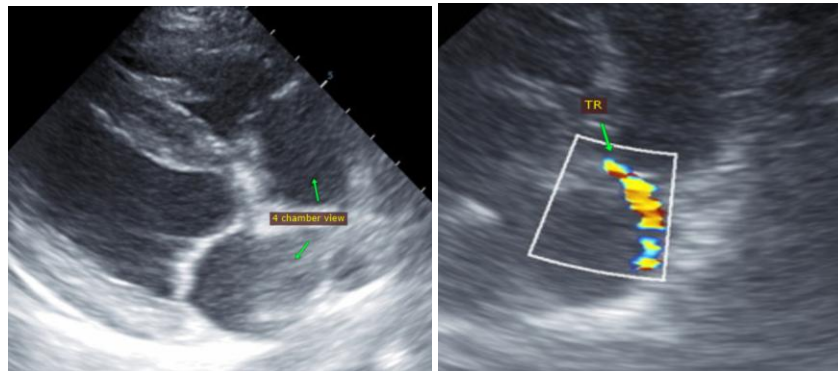
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predisposed in this breed. **Highly recommend an OFA evaluation as the gold standard breed screening examination.**

Monitor for development of a heart murmur, cough, labored breathing, etc.

Recommend annually screening with any breeding animal, sooner if a murmur or clinical signs arise.

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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