

## PATIENT

Luke Becker

## SPECIES

Canine

## BREED

Pitbull

## SEX

Male Neutered

## AGE

5 years

## WEIGHT

57.3lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Dr. McFarlane

## INVOICE

46516

## DATE

1/21/26

## PRESENTING CLINICAL SIGNS

History: Presented 1 week prior to ER for pleural effusion found on rDVM radiographs. Last week, 850mls chylus effusion drained from right thorax. Day of echo drained 1.2 liters of chylous effusion from the left thorax and 350mls of chylous effusion from the right thorax. Sedated with Torb.

- Abnormal PE/Chem/CBC/UA Results: Blood Pressure: 159/97 (110) -AUS: Non-congested liver • Mild splenomegaly- hyperplasia, hematopoiesis, inflammation, occult neoplasia, sedation, all potentials.
- Non-specific gastroenterocolopathy exhibiting empty gastrointestinal tract and soft /non formed fecal matter in colon.
- Prominent non-homogenous hypoechoic right pancreas.
- Omental hyperechogenicity, mildly echogenic peritoneal effusion and intermittent primarily mild mesenteric lymphadenopathy - PCV/TS: 69%/6.8 - EPOC: Cl 105 L, Cr 1.28, Lac 3.83 H, - Serum Trig: 63 mg/dL - Thoracic effusion Trig 799 mg/ dL - 4Dx: Neg x 4

## ECHOCARDIOGRAM FINDINGS

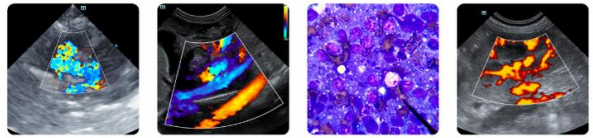
2D, m-mode, color flow and doppler imaging is available. Mild MV thickening with no prolapse into the left atrial lumen. Trivial mitral regurgitation with a normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. 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. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic and trace pulmonic insufficiency. No pericardial effusion. Large volume pleural effusion noted. No obvious cardiac masses.

## CARDIAC CHART

| 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   | NA            | NA            | 1.2                 | 1.2                     | 31                              | 58                                       | 0.2                                      |
| 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   | 120           | 1.3           | 1.3                 | 26.0                    | 2.3                             | 3.9                                      | 2.7                                      |
| *Normal chamber parameters expressed as a mean value (SD)   |               |               |                     | 3                       | 1.27 (5.3)                      | 2.46 (2.46)                              | 1.36 (5.5)                               |
| <b>BODY WEIGHT DEPENDENT PARAMETERS</b>   |               |               |                     | 5                       | 1.40 (4.5)                      | 2.74 (5.2)                               | 1.60 (4.7)                               |
| <i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> |               |               |                     | 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)                               |
|   |               |               |                     | 25                      | 2.18 (2.4)                      | 4.48 (2.9)                               | 3.10 (2.5)                               |
|   |               |               |                     | 30                      | 2.33 (3.3)                      | 4.83 (3.9)                               | 3.39 (3.4)                               |
|   |               |               |                     | 35                      | 2.48 (4.3)                      | 5.17 (5.0)                               | 3.69 (4.5)                               |
|   |               |               |                     | 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)                               |

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension.



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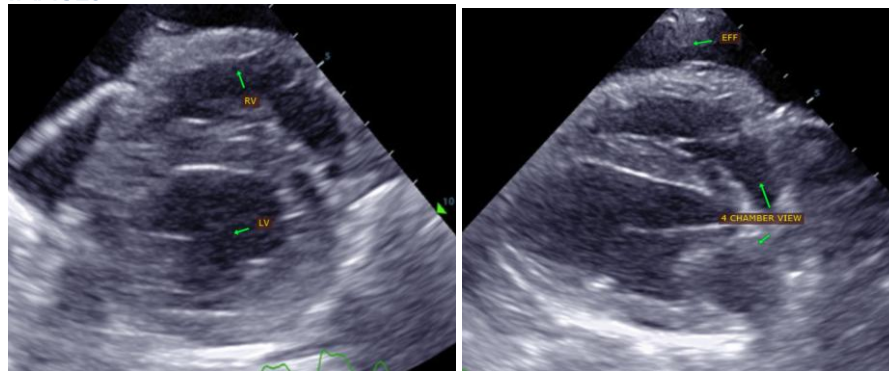
These findings would certainly suggest pleural effusion is noncardiogenic in origin. Further workup should be dictated by results of fluid cytology, thoracic CT scan, etc.

No medications are indicated and the prognosis is open from a cardiac standpoint.

Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

A recheck echocardiogram is recommended should a significant murmur develop or signs of cardiac compromise be noted in the future.

## 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.

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com