



PATIENT

Rudy Patel

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 2/6 heart murmur.
 -Pertinent previous echo findings (7/2025 Oradell): Diagnosed with DCM. Prior report not provided.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve with no obvious prolapse into the left atrial lumen. No mitral regurgitation with a normal left atrial dimension. Normal LV dilation in both systole and diastole with borderline myocardial dysfunction. Normal LV wall thickness. The tricuspid valve appears normal with no TR. 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 aortic outflow velocities; laminar flow. No aortic insufficiency. Normal pulmonary outflow velocity with no pulmonic insufficiency. No pericardial or pleural effusion noted.

BREED

Mix

SEX

Male Neutered

CARDIAC CHART

AGE

13 years

WEIGHT

54lbs

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	1.3	1.3	26	48	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	80	1.1	0.7	24.5	2.4	3.4	2.5
*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)
<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)
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

Kerri Becker

HOSPITAL NAME

Park Ridge AH

REFERRING VET

Dr. Doyle

INVOICE

46545

DATE

1/22/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is the LV function is borderline depressed. In the absence of significant chamber dilation, the relevance of this is unknown (rule out improved from previous v stable/possible normal variant). The remainder of the study is unremarkable with a normal left atrium and no significant valve regurgitation appreciated. No cause for the murmur is seen here.

Serial monitoring of this patient is recommended every 6-12 months is recommended going forward; however, what is seen here is of little concern. Comparing to the prior report is recommended. Depending on what was diagnosed previously, holter monitoring, BNP assessment, etc may be helpful.



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No cardiac medications are indicated at this time. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. I generally recommend fish oil supplementation in any predisposed animal, given the anti-arrhythmic properties of omega fatty acids.

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Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated. Avoid Alpha-2 Agonist lifelong.

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Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

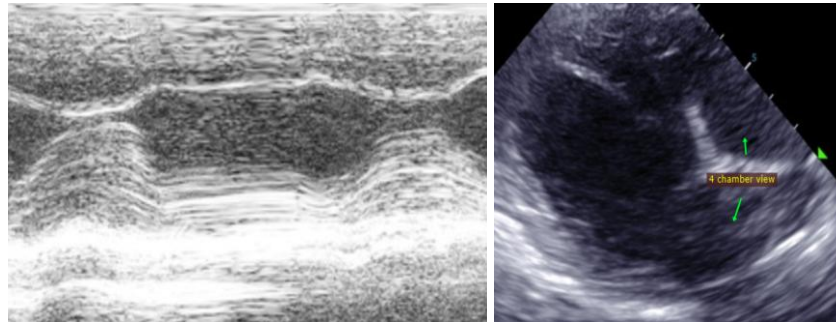
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WEIGHT

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IMAGES



INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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.

IMAGING PERFORMED BY

Kerri Becker

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.

HOSPITAL NAME

Park Ridge AH

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