



PATIENT

Barney Bowman

SPECIES

Canine

BREED

Blue Heeler Mix

SEX

Male Neutered

AGE

5 years

WEIGHT

75.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Stephanie Cory, DVM

HOSPITAL NAME

Brighton Veterinary
Clinic P. C. Inc.

REFERRING VET

Dr. McLaren

INVOICE

46601

DATE

1/28/26

PRESENTING CLINICAL SIGNS

History: Grade 2/6 heart murmur. CXR (10/2025): showed cardiomegaly (VHS: 12.3). On Vetmedin 5mg PO BID since 8/2024. Sedated with Gabapentin, Trazadone, Midazolam, Torb and Alfaxalone.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Mild cardiomegaly. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip.

Morphology/MEA cannot be definitively commented on.

A brief single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 70bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Sinus bradycardia with respiratory variation, due to sedation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild mitral valve leaflet thickening with no obvious prolapse into the left atrial lumen. Trace mitral regurgitation is identified. Normal left atrial dimension. Normal LV in diastole with a borderline systolic dimension (LVIDdN: 1.65, LVIDsN: 1.1) with borderline myocardial dysfunction. The tricuspid valve appears subjectively normal. Trace TR. Normal velocity. The right heart is prominent. No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. No aortic abnormalities identified, with normal outflow velocity. Normal pulmonic outflow velocities. No aortic insufficiency. Trace pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

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	NM	2.2	NM	1.3	24	47	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	1.0	0.7	34.4	2.8	4.8	3.6
*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)
				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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function with no cause of a murmur identified. Trace MR/TR may reflect early valve disease; however, a physiologic origin is also possible. No significant valvular insufficiencies were noted, and no structural issues identified. It is worth noting that the LV is borderline in dimension with borderline dysfunction. Consider screening for contributing issues, such as an atypical diet or hypothyroidism. In the absence of significant volume changes (dehydration) or anemia, other possibilities include a physiologic flow murmur only present with elevated heart rates (likely masked by sedation), or a small flow abnormality not seen here. It is reasonable to monitor periodically via recheck echocardiography in the future, particularly should the murmur persist/progress. The ECG is unremarkable with a sinus bradycardia due to sedation.

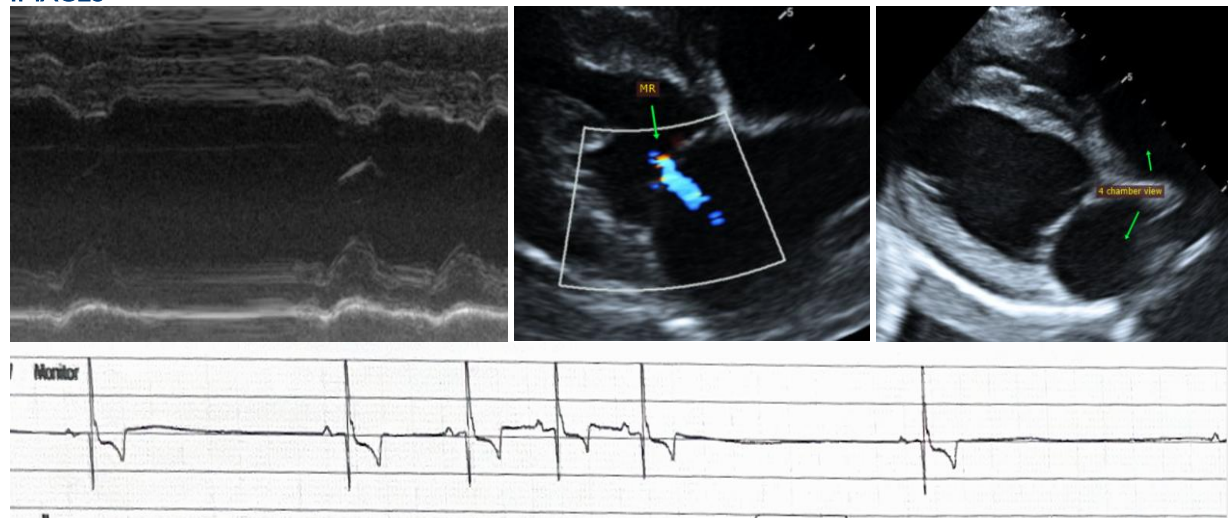
No cardiac medications are indicated at this time and Pimobendan can be safely discontinued.

Monitor for any development of cough, labored breathing or exercise intolerance.

No cardiac contraindication for general anesthesia.

Recommend recheck echocardiogram in 1 year to screen for progression or development of concurrent cardiac disease that the preexisting murmur may mask.

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