



PATIENT

Panda Pesja

SPECIES

Canine

BREED

German Shepherd

SEX

Female

AGE

7 years

WEIGHT

72.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Dr. Anderson

INVOICE

46602

DATE

1/28/26

PRESENTING CLINICAL SIGNS

- History: BNP elevation
- Weight loss: 14# since last year, most in the last month
- Chronic bloody diarrhea: Diarrhea started early December 2025. Became consistent and bloody in January
- Anorexia: for a couple of weeks has been low on appetite, but not off food and vomits on occasion.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 2/5 (thin) with muscle atrophy (mild). 7% dehydrated. Fecal PCR 1/7/26: Enteric Coronavirus and C. perfringens Alpha Toxin positive Labs from 1/21/26: - UA: USG 1.036, pH 8.0, 500mg/dL Protein, Few RBC's (cytsocentration) - CBC: mild monocytosis 1.321 K/uL - proBNP: 4,480 pmol/L - T4 & FT4 normal - Blood parasite screen negative ACTH Stim today: Consistent with Canine Cushing's Disease (pre 9.34 ug/dL, post 26.99 ug/dL)

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of the mitral valve leaflets with no prolapse into the left atrial lumen. Trivial mitral regurgitation with no left atrial dilation. Prominent aortic root. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trivial 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 or 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 | 1.0 | 1.2 | 44 | 80 | 0.30 |
| 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 | 1.1 | 1.0 | 33 | 3.1 | 3.6 | 2.0 |
| *Normal chamber parameters expressed as a mean value (SD) | | | | | | | |
| BODY WEIGHT DEPENDENT PARAMETERS | | | | | | | |
| *Note: All measurements based upon multi-modal images and methods. An average value is reported. | | | | | | | |
| 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 | | | | | | | |
| | | | | 3 | 1.27 (5.3) | 2.46 (2.46) | 1.36 (5.5) |
| | | | | 5 | 1.40 (4.5) | 2.74 (5.2) | 1.60 (4.7) |
| | | | | 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) |



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac structure and function in this patient is overtly normal. No significant valvular regurgitation is noted, and flow through the great vessels is normal. No obvious concurrent issues such as pulmonary hypertension are suspected. The aortic root is prominent, and a BP is recommended.

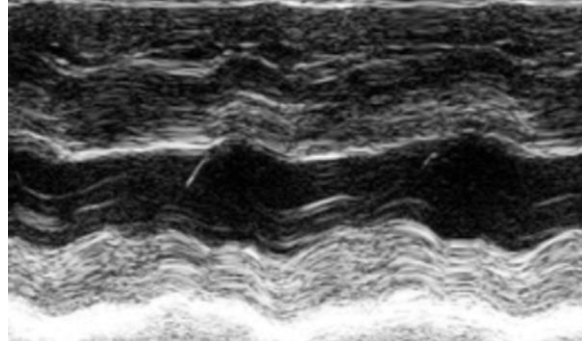
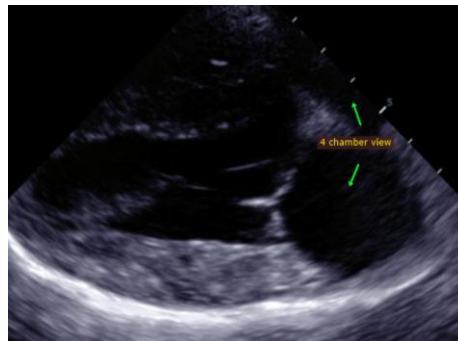
A structural cause for NT-proBNP elevation is not apparent here, making this potentially a false positive result (a known weakness of the test). Other possible causes for elevated levels of the enzyme should be considered, such as significant arrhythmias, hyperthyroidism, systemic hypertension or renal disease. If no obvious cause is identified, reassessing this patient in 6-12 months is recommended to ensure early disease was not missed.

No cardiac medications are indicated at this time and the prognosis is open. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

No cardiac contraindication for general anesthesia.

A recheck is recommended in 6-12 months to ensure no progressive issues are identified, sooner should a murmur or any clinical signs of cardiac compromise be noted in the interim.

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