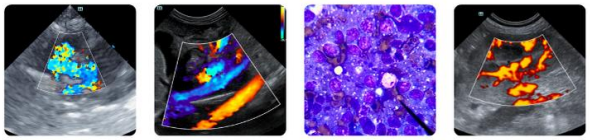

PATIENT

Moca Roldan

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

15 years

WEIGHT

13.6

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Hesham Akbawy, DVM

HOSPITAL NAME

Lincoln Avenue Cat and Dog Hospital

REFERRING VET

Dr. Hesham Akbawy

INVOICE

46633

DATE

1/30/26

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur. Elevated BNP: 1983. Elevated ALP: 899. History of IVDD & hemilaminectomy surgery 5 years ago, hepatic adenoma was removed from the liver 3 years ago. Assess prior to dental.

ECHOCARDIOGRAM FINDINGS

Limited 2D, m-mode and color flow is available. Mild thickening of the mitral valve leaflets with no prolapse into the left atrial lumen. No obvious mitral regurgitation; however, no extensively assessed. The LA is decreased in size. The LV chamber is decreased with increased wall thickness. Adequate myocardial function. he tricuspid valve appears normal with no obvious tricuspid regurgitation; however, again no extensively assessed. 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 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			NM	1.1	32	60	NM
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT**	**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	0.9	NM	13.6	1.5	1.9	1.3
*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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abnormality identified is the heart has a volume contracted appearance. This is resulting in increased wall thickness, and lab work and a BP should be assessed. No obvious cause for the murmur is identified; however, this is not considered a thorough evaluation with limited color flow and spectral doppler. Referral should be considered.

Pending lab work and BP assessment, no cause for BNP elevation is identified.

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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.

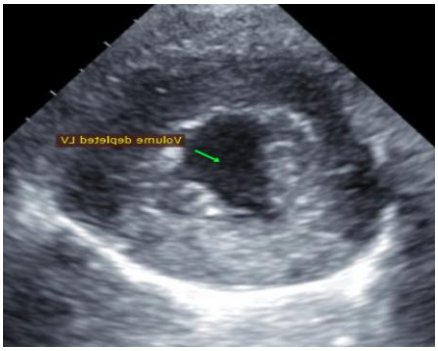
No cardiac contraindication for general anesthesia.

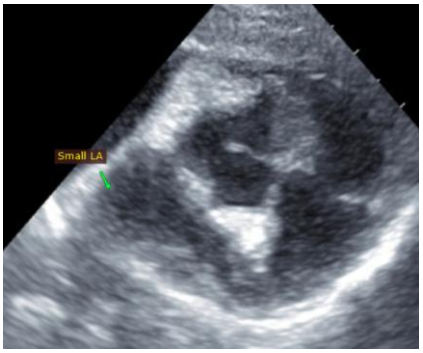
PLAN

Consider referral for thorough evaluation. Lab work and a BP should be assessed.

A recheck is recommended in 6-12 months to ensure no progressive issues are identified, sooner

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