



**DATE PRESENTING CLINICAL SIGNS**

1.6.26 History: Presented on 12/19/25 for lethargy, labored breathing and slower eating drinking. On examination, p cardiac and lung sounds were muffled. Rest of exam WNL. CXR revealed cardiomegaly with suspected pericardial effusion and concern for possible shadowing of possible small masses. BW WNL. Started on Lasix and Enalapril. Returned for recheck on 12/22/25. Still not normal but seems to be improving and able to get upstairs without labored breathing. On examination, p was BAR, MM - pink, moist CRT

**PATIENT**

Hazel Lovell

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

FS

**AGE**

10.7.15

**WEIGHT**

37.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**HOSPITAL NAME**

Chadwell AH

**REFERRING VET**

Dr. Heydt

**INVOICE**

46318

-Current medications: Lasix (20mg) - 1 tab PO BID (started on 12/19/25), Enalapril (5mg) - 1 tab PO SID (started on 12/19/25), Monthly flea, tick, HWP  
-Blood Pressure: 102mmHg  
-Sedation used: Not required to complete full diagnostic ultrasound.  
-Pertinent previous ultrasound results: No previous.  
-STAT: Not requested.  
-Imaging performed by: Stephanie Warga RDCS, RVT.

**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 MR velocity. Normal LV diameter with borderline 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 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	4.8	NA	NM	1.1	27	53	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	120	1.1	0.6	17.1	2.3	3.7	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)
*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**

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. It is worth noting that the LV function is borderline, which is suspected to be a normal variant; however, monitoring for progression is advised. Consider obtaining a diet history to ensure a nontraditional option is not related.

These findings would suggest cardiomegaly on CXR is likely a normal variant. Lasix and Enalapril can be safely discontinued. A cause for the reported breathing changes is not identified. A CXR by a Radiologist is strongly recommended.

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

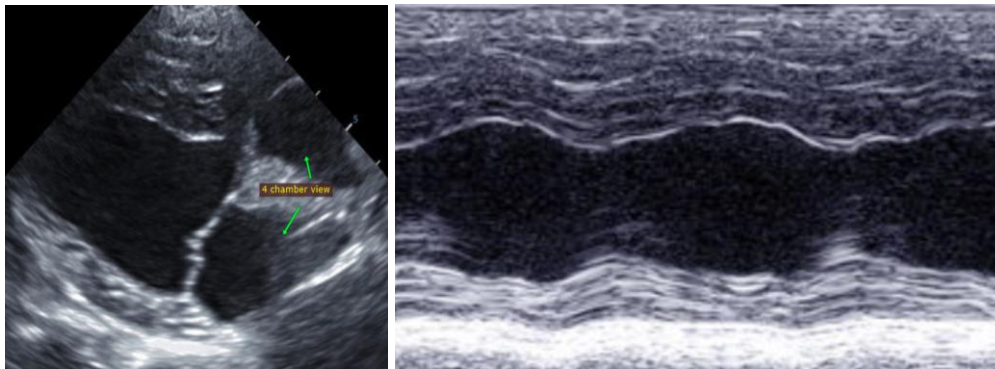
Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

### **PLAN**

A CXR review is recommended with repeat films if necessary. No indication for continued Lasix or Enalapril. Obtain a diet history as discussed.

A recheck echocardiogram is recommended in 1 year, sooner if a significant murmur develops 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.

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