



PATIENT

Zoey Berret

SPECIES

Canine

BREED

Corgi Mix

SEX

Female Spayed

AGE

15 years

WEIGHT

22lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amy Alivernini, VMD

HOSPITAL NAME

Gilbertsville Veterinary
Hospital

REFERRING VET

Dr. Alivernini

INVOICE

45752

DATE

11/14/25

PRESENTING CLINICAL SIGNS

History: History of suspected syncope in Feb 2025 and again multiple times in last month. New grade 2/6 heart murmur. Tachycardia (nervous), no arrhythmia, pulses s/s. BP:130mmHg. Occasional VPCs seen during echo, otherwise rhythm appears sinus.

-Abnormal PE/Chem/CBC/UA Results: ALP 339, BUN 40, creat 1.5 wnl, lyme positive (historical), PSL and platelets elevated.

-ECG report (2/2025 Idexx): showed single VPCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Moderate anterior-directed mitral regurgitation with no left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity. 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 or 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	6.3	2.2	NM	1.2	50	82	0.52
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	150	1.2	1.0	10.0	2.3	3.5	1.6
*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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing moderate and trace mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No additional issues such as pulmonary hypertension is identified.



PATIENT

Zoey Berret

Mild structural disease is unlikely to cause VPC's, and either a primary arrhythmia, a stress-related origin or development due to systemic disease should be considered. Treatment and follow-up of the arrhythmia should be dictated by the ECG report.

SPECIES

Canine

In a dog with no significant left atrial enlargement, no cardiac medications are clearly indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

BREED

Corgi Mix

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

SEX

Female Spayed

No cardiac contraindication for general anesthesia. This does not take into account the arrhythmia and recommendations should be dictated by the ECG report.

AGE

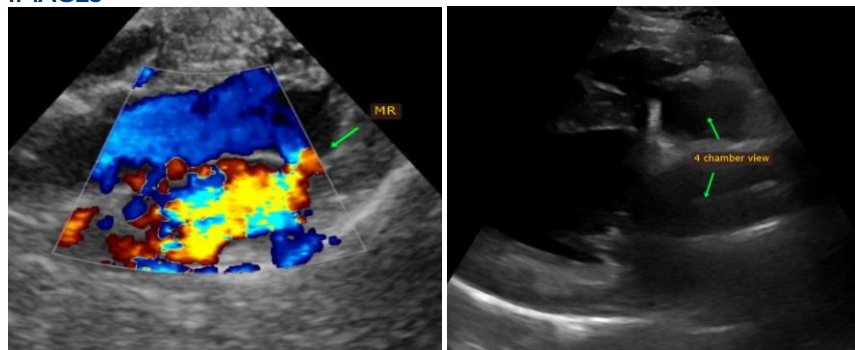
15 years

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

IMAGES

WEIGHT

22lbs



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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

Amy Alivernini, VMD

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

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Hospital

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Dr. Alivernini

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