



PATIENT

Maisie Smalls
Frankland

SPECIES

Canine

BREED

American Cocker
Spaniel

SEX

Female Spayed

AGE

4 years

WEIGHT

21.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Aldershot Animal
Hospital

REFERRING VET

Dr. Patton

INVOICE

45623

DATE

11/3/25

PRESENTING CLINICAL SIGNS

History: Baseline echocardiogram prior to chemotherapy; recent lymphoma diagnosis. On Prednisone, Omeprazole, Gabapentin, Cerenia, Zylkene, Eicosa Snipcaps daily.
-Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 WNL. Recent AUS and CXR: WNL.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of the mitral valve with no obvious prolapse into the left atrial lumen. Trivial central mitral regurgitation with a normal left atrial dimension. Normal LV diameter with adequate myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function. No TR. 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 velocity. No AI. Normal pulmonary outflow velocity. No PI. No pericardial or pleural effusion noted. No obvious cardiac tumors with no obvious mass lesions within the right heart or AV groove. Bradycardia throughout.

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	1.3	47	80	0.3
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		1.6	1.1	9.6	2.1	3.1	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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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

The cardiac structure and function in this patient is overtly normal. Trace MR is physiologic at this time, with normal left heart dimensions. The function is adequate for this signalment, with no evidence of dysfunction. No obvious metastatic tumors seen; however, in the absence of pericardial effusion small masses are easily missed. CT should be considered if suspicion is high.

The patient is relatively bradycardic, and an ECG should be obtained for further evaluation.



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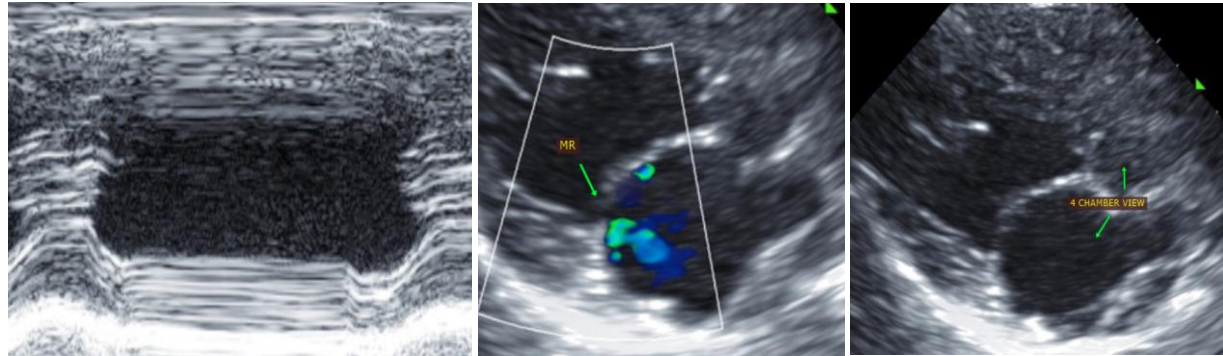
11/3/25

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

No contraindication for chemotherapy. Doxorubicin can also lead to ventricular arrhythmias and periodic ECG assessment is recommended.

Recheck as dictated by the chemotherapy protocol or should a murmur or signs of cardiac compromise develop 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.

Maggie Machen Lamy, DVM
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