



PATIENT

Ella Skirten

SPECIES

Canine

BREED

Springer Spaniel

SEX

Female Spayed

AGE

6 years

WEIGHT

56.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Cory, DVM

HOSPITAL NAME

Brighton Veterinary
Clinic P. C. Inc.

REFERRING VET

Dr. Lowen

INVOICE

46204

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: Grade 2/6 heart murmur. Cough for 1 month. Diet: turkey, chickpea, sweet potato kibble. CXR showed cardiomegaly and possible heart-based mass. Aggressive dog. Came into clinic on 100mg Trazodone + 300mg Gabapentin. Was initially sedated with 12mcg/kg of medetomidine (1mg/ml), and 0.2mg/kg of Butorphanol (10mg/ml). This had no effect. They added an additional 12 mcg/kg of Medetomidine (1mg/ml), followed by 0.3mg/kg Midazolam (5mg/ml), followed by 1mg/kg Ketamine (100mg/ml), followed by 1mg/kg Alfaxalone (10mg/ml).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Trace mitral regurgitation with mild left atrial dilation. Mild LV dilation with depressed myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Mild right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Decreased aortic and pulmonic 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	NM	NM	1.5	1.4	19	35	0.9
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	1.5	0.8	25.5	3.0	4.2	3.4
*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

Unfortunately, it is nearly impossible to accurately evaluate a patient's echo or ECG parameters using Alpha-2 Agonists. In dogs specifically, the drug was shown to increase both LV diameters, lower FS which lead to transient valve leaks and lower blood flow through the great vessels, all which are seen in this study. What is seen here is suspected to all be secondary to Dexdomitor rather than reflect organic disease as both valves appear largely normal in appearance and DCM would be rare in this signalment; however, this cannot be definitively determined. Additionally,



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decreasing flow through the great vessels can mask outflow murmur origins and no cause for the murmur is identified in this study.

Prognosis is open prior to reassessment. Certainly, no medications are warranted.

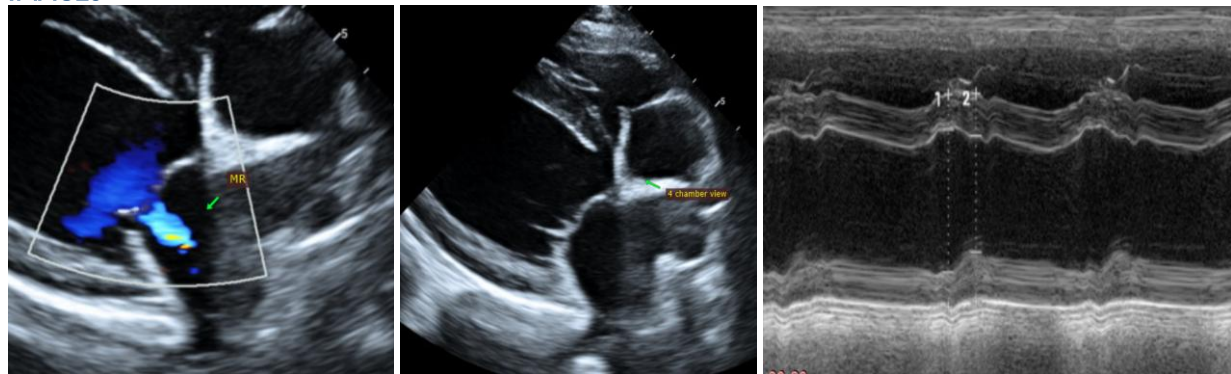
It should be noted that the sedative can also cause transient cardiomegaly on CXR which is suspected to be the case here. My assumption is that this is a relatively normal dog, potentially with a flow murmur that is not apparent due to sedation.

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

PLAN

Highly recommend reassess a baseline in the absence of heavy sedation as able. Conclusions are difficult to make on Alpha-2 Agonist.

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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info@sonopath.com



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