



**PATIENT**

Lucy Woodward

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Female Spayed

**AGE**

10.5 years

**WEIGHT**

36lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Jack Reese, DVM

**HOSPITAL NAME**

Willow Run Veterinary  
Clinic

**REFERRING VET**

Dr. Arnold

**INVOICE**

46247

**DATE**

12/17/25

**PRESENTING CLINICAL SIGNS**

History: Has been evaluated for PU/PD symptoms and recent development of cough at home. Currently being treated for proteinuria and hypertension with further work up pending (LDDST). Radiographs were taken at time of cough that indicated possible right heart enlargement. No heart murmur noted during exams, no other respiratory or cardiac symptoms present.  
-Abnormal PE/Chem/CBC/UA Results: LDDST (pending). Proteinuria ALT 175, ALP 852.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trace/mild eccentric mitral regurgitation with no left atrial dilation (LA:Ao <1.4). Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with trace 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	NM	NM	NM	1.2	34	60	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	NM	1.7	1.0	16.3	2.4	3.2	2.1
*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)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chronic degenerative valve disease causing trace/mild mitral and tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. The TR velocity is not assessed, and pulmonary hypertension is noted entirely ruled out. That being said, the right heart/MPA are not significantly enlarged. No additional issues are noted in this study.

These findings would suggest the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone,



## PATIENT

Lucy Woodward

taper course of steroids, Enrofloxacin, TTW/BAL, etc.). A poorly controlled cough can lead to development of pulmonary hypertension over time, and monitoring for associated clinical signs is recommended (primarily exertional syncope/dyspnea).

## SPECIES

Canine

No cardiac medications are clearly indicated, as no benefit has been shown to providing therapy for dogs in stage B1. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

## BREED

Beagle

Assessment of progression in the future will help predict long term prognosis, which is highly variable with stage B1 disease. Many B1 dogs will remain asymptomatic with slow progression for years to come.

## SEX

Female Spayed

No cardiac contraindication for general anesthesia prior to chamber enlargement.

## AGE

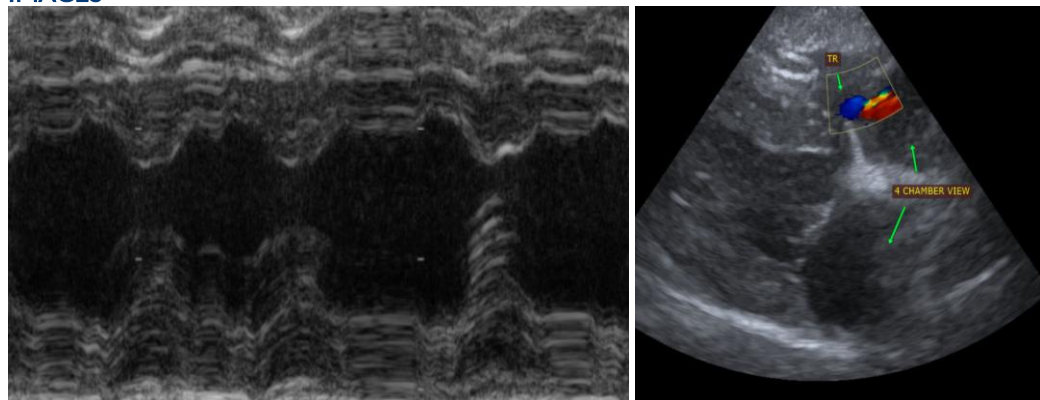
10.5 years

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months to assess rate of progression, sooner if any development of clinical signs in the interim.

## IMAGES

### WEIGHT

36lbs



## INTERPRETED BY

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

Jack Reese, DVM

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

Willow Run Veterinary  
Clinic

## REFERRING VET

Dr. Arnold

**Maggie Machen Lamy, DVM**  
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