



**PATIENT**

Lottie Monce

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Female Spayed

**AGE**

6 years

**WEIGHT**

55.1lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Meredith Swart, DVM

**HOSPITAL NAME**

Swart Veterinary  
Imaging

**REFERRING VET**

Dr. Swart

**INVOICE**

46266

**DATE**

12/18/25

**PRESENTING CLINICAL SIGNS**

History: Elevated BNP: 1300. No murmur/arrhythmia auscultated. ECG (Idexx) showed occasional VPCs.

**ELECTROCARDIOGRAPHIC FINDINGS**

A six lead ECG is available at 50mm/s; 5mm/mV. The average heart rate is 180bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. Isolated VPCs. No APCs, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus tachycardia with isolated VPCs.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild MV thickening with no prolapse into the left atrial lumen. No obvious mitral regurgitation with a normal left atrial dimension. Normal LV diameter with adequate 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.

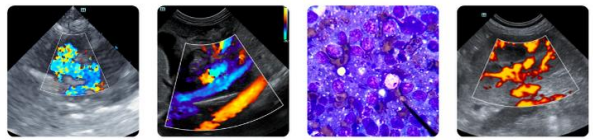
**CARDIAC CHART**

| CANINE CARDIAC PARAMETERS  | MR VMAX (m/s) | TR VMAX (m/s) | LA/AO (Boon method) | LA/AO (Heart Base; Swe) | FS (%)                          | EF (%)                                   | EPSS (cm)                                |
|--|---------------|---------------|---------------------|-------------------------|---------------------------------|--|--|
| <b>NORMAL PARAMETER</b>  | 4.5-5.5       | <2.7          | 1.3                 | <1.6                    | 28-40                           | 40-100                                   | <0.6                                     |
| <b>PATIENT</b>   | NA            | NA            | 1.3                 | 1.2                     | 46                              | 78                                       | 0.36                                     |
| 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) |
| <b>NORMAL PARAMETER</b>  | 50-100        | 0.7-1.7       | 0.7-1.6             | BELOW                   | BELOW                           | BELOW                                    | BELOW                                    |
| <b>PATIENT</b>   | NM            | 1.6           | 1.1                 | 25.0                    | 2.5                             | 3.6                                      | 1.9                                      |
| *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)                               |
| 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**

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.

The ECG does confirm rare isolated ventricular premature contractions (VPCs) are present, in addition to a normal sinus tachycardia. VPCs can certainly be cardiac in origin; however, there is



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no disease identified here to explain their origin. Extra-cardiac causes should be considered; however, if the patient was highly stressed, this may be the simple explanation. Other possibilities, including systemic disease, neoplasia, etc. Full systemic work-up could be considered. No indication for antiarrhythmic therapy at this time.

A structural cause for NT-proBNP elevation is not apparent here, making this potentially a false positive result (a known weakness of the test). Other possible causes for elevated levels of the enzyme should be considered, such as significant arrhythmias, hyperthyroidism, systemic hypertension or renal disease. If no obvious cause is identified, reassessing this patient in 6-12 months is recommended to ensure early disease was not missed.

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

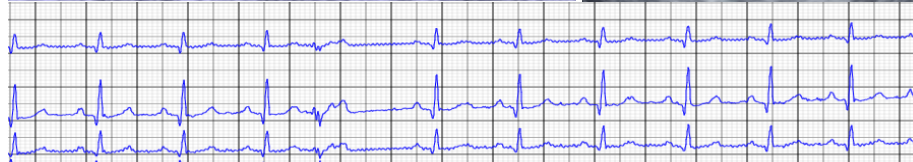
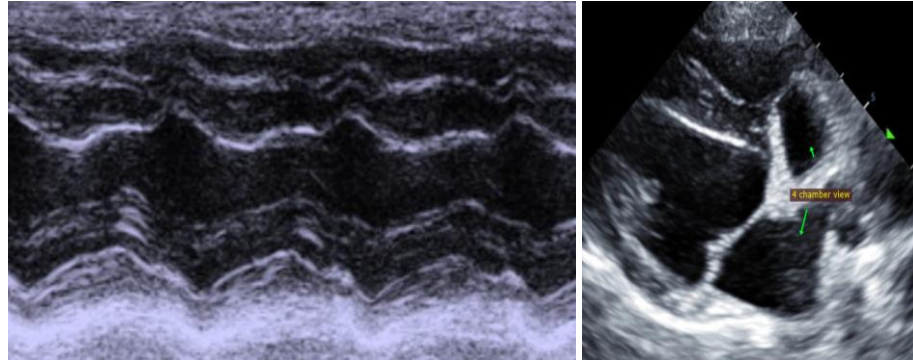
Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

## PLAN

Consider systemic workup if elected.

A recheck echocardiogram is recommended in 6-12 months, sooner should a significant murmur develop, or signs of cardiac compromise be noted in the interim.

## 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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