



PATIENT

Pumpkin Prael

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Female Spayed

AGE

12.11 years

WEIGHT

69lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amanda Crook, SDEP

HOSPITAL NAME

River Edge Pet Medical
Center

REFERRING VET

Dr. Young

INVOICE

46816

DATE

2/12/26

PRESENTING CLINICAL SIGNS

History: 2/10/25 was on walk, started barking at another dog got worked up and then became ataxic and collapsed. Remained alert but was on the ground for ~30s and urinated herself. Then got up and walked 3-4 blocks away, okay. Similar episode happened months ago. No convulsions. History of bronchitis, well controlled with fluticasone inhaler. No murmurs or arrhythmias, lung sounds clear. Sensitive on thoracolumbar palpation, stiff pelvic extension. No neurologic deficits, hindlimb proprioception intact. On Fluticasone 220mcg inhaler - 1 puff SID (10 breaths), cosequin supplement. BP: 130, 128, 128, 124mmHg. Sedated with Torb. -Abnormal PE/Chem/CBC/UA Results (1/27/2026): fecal negative 3/13 & 4/4 2025. Bacterial cystitis, resolved by 5/10. 2/24/2025: CBC all WNL, chem 17 - alpk 239, chol 381, lipase 1982; remainder WNL.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Normal cardiac silhouette. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 90bpm. 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. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Sinus bradycardia with respiratory variation.

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. Moderate 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 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. Trace aortic and 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	2.0	1.2	1.3	32	60	0.6
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	1.6	0.9	31.3	2.8	3.7	2.5
*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)



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Adapted from June Boon, Veterinary Echocardiography, 1998 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435 Hansson et al, Vet Rad and Ultrasound 2002 Bonagura et al. Echocardiography: principles of interpretation, Vet	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 mitral and trace tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. A small aortic valve insufficiency is noted; however, the reported BP is normal. No additional issues and the ECG shows a normal sinus bradycardia (likely due to sedation).

Even with mild disease seen here, this does not explain the reported episode. A vasovagal event is suspected; however, if the episodes are recurrent, further workup may be warranted. Full systemic screening, a holter monitor, etc. could all be considered.

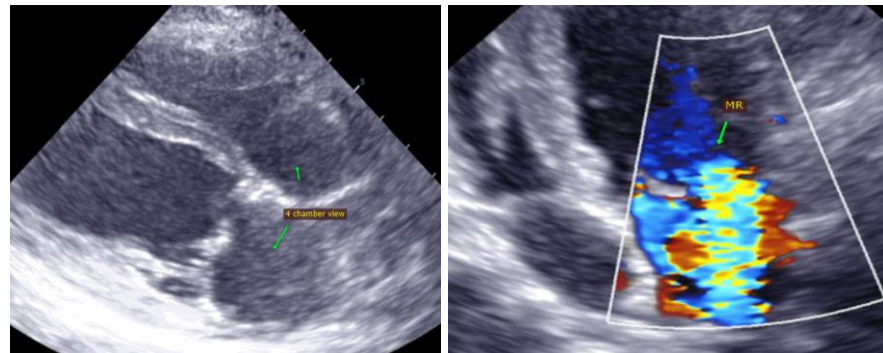
No cardiac medications are clearly indicated, as no benefit has been shown to providing therapy for dogs in stage B1. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or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

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.

No cardiac contraindication for general anesthesia prior to chamber enlargement.

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



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.



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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

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

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