





**PATIENT**

Tyson Lodovici

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

71.2lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Renee Trionfetti, VMD

**HOSPITAL NAME**

Blue Pearl  
Wyomissing

**REFERRING VET**

Dr. McFarlane

**INVOICE**

46651

**DATE**

2/2/26

NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	1.8	0.8	32.3	3.0	4.1	1.4
*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. No obvious neoplastic lesions are identified; however, it is important to note that these are easily missed in the absence of effusion. Consider advanced thoracic imaging if suspicion arises (thoracic CT). A cause for bicavitary effusion is not identified and other possibilities should be considered.

The ECG is unremarkable with a sinus bradycardia. This is suspected to be secondary to sedation and high vagal tone; however, should bradycardia persist response to exercise or atropine must be considered.

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

No cardiac contraindication for general anesthesia at this time. Premedicate with a vagolytic due to low resting heart rate.

A recheck echocardiogram is recommended should a significant murmur develop, or signs of cardiac compromise be noted in the future.



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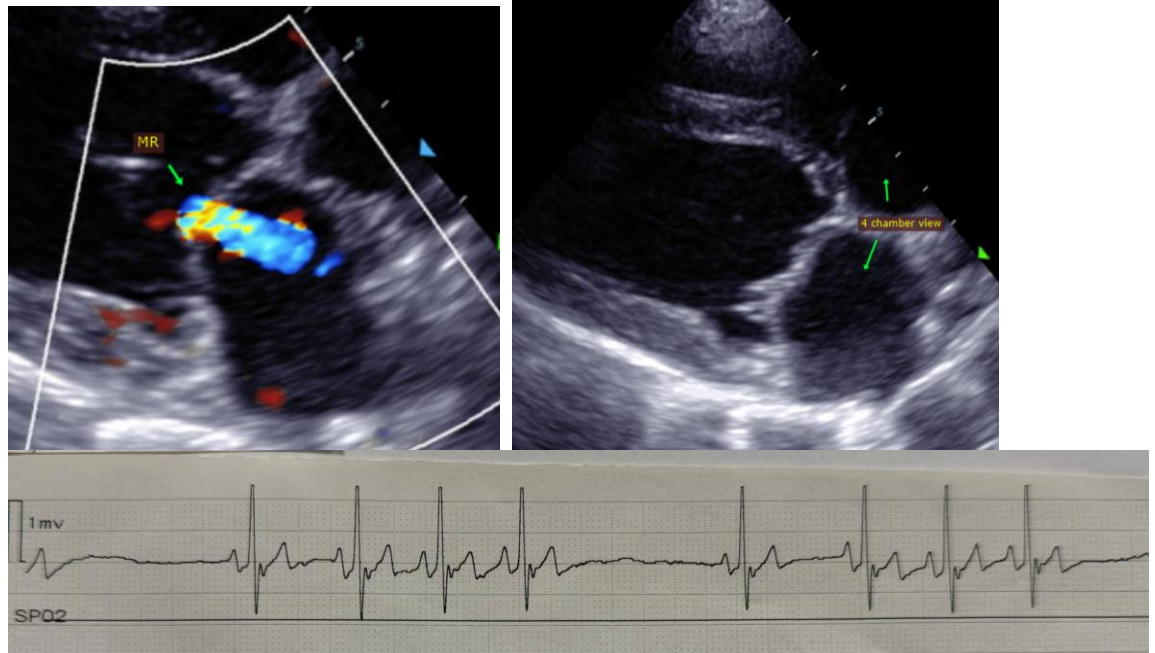
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## IMAGES



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  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com