



PATIENT

Cash Aitken

SPECIES

Canine

BREED

Greyhound

SEX

Male Neutered

AGE

7.5 years

WEIGHT

79.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Caroline Tan, DVM

HOSPITAL NAME

Brittania Kingsland Vet
Clinic

REFERRING VET

Dr. Radcliffe

INVOICE

46947

DATE

2/23/26

PRESENTING CLINICAL SIGNS

History: Presented for ragged, stertorous breathing and exercise intolerance episodes, progressive, first noted in January. The owner also reports an episode of reverse sneezing after exercise last week. Has noticed a few episodes of unproductive coughing (2x episodes). New grade 1/6 heart murmur. Labs: WNL. BP: 120mmHg. CXR: normal (VHS: 10.2). Sedated with Alfaxalone and Torb.

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 central mitral regurgitation with no left atrial dilation (LA:Ao <1.4). The LV is minimally dilated in diastole with a mildly increased systolic dimension (LVIDdN: 1.74, LVIDsN: 1.26). The fractional shortening is mildly depressed. The tricuspid valve appears mildly thickened with no significant trace/mild 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	1.7	1.4	22	40	0.7
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	70	1.0	0.5	36.0	3.4	5.0	3.9
<i>*Normal chamber parameters expressed as a mean value (SD)</i>				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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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. Of some concern, the LV does measure mildly increased in both systole and diastole with mildly depressed function for this signalment. While sedatives can impact this value to some extent, the



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sedation protocol use is thought to be fairly cardio-protective. These findings may be a normal variant in this breed; however, screening for contributing issues such as an atypical diet or hypothyroidism is recommended. No additional issues are noted in this study.

Even with mild changes seen here, this is unrelated to the reported breathing changes. Further workup is advised.

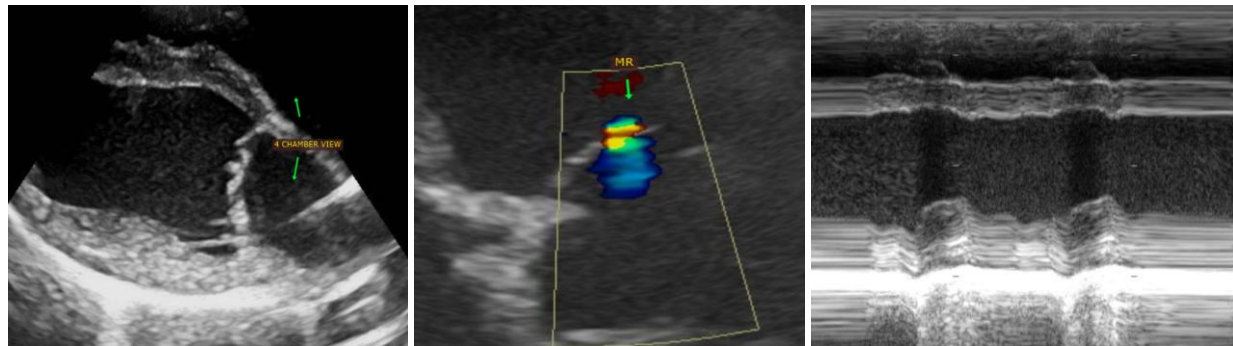
No cardiac medications are clearly indicated, as no benefit has been shown to providing therapy for dogs in stage B1. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or 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. Avoid alpha 2 agonists.

Recommend conservative monitoring with a recheck echocardiogram in 6 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.

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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