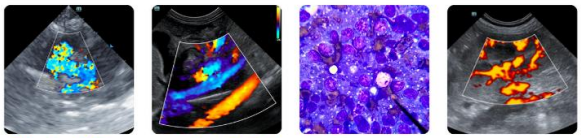


DATE

2.3.26

PATIENT

Alabama Butters Johnson

SPECIES

Canine

BREED

Pekingese Mix

SEX

MN

AGE

8.10.13

WEIGHT

19.4lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Mengers

INVOICE

46674

PRESENTING CLINICAL SIGNS

History: Presented 1/21/26 for chronic cough for several months. On PE, grade 2/6 heart murmur. Mild aural debris AD, mild cough elicited on tracheal palpation, L MPL, over conditioned, OS buphthalmic w/ cataract and uveal cyst, OD microphthalmia and non-visual, mod dental calc. Hx of idiopathic epilepsy and hypothyroidism. Elevated ALT, ALP, and cholesterol (prev elevated while on phenobarb, went down following cessation of phenobarb and switch to zonisamide, now increasing again). LDDST not supportive of Cushing's dz, T4 WNL.
-Pertinent abnormal PE/Chem/CBC/UA Results (1/31/25): CBC/CHEM/T4: ALT 252 (prev 770), ALP 329 (prev 605), chol 456, T4 3.2, fT4 2.1. 10/31/25 - LDDST: resting cortisol 1.7, 4 hrs post 0.7, 8 hrs post 0.5. 11/4/25 - CBC/CHEM/T4: creat 1.2, BUN 47, ALT 547 (prev 252), ALP 341 (prev 329), T4 2.8. - 2V
-CXR: bronchoalveolar lung patterning, mild intrathoracic narrowing of trachea, mod reverse D-shaped cardiomegaly, ingesta throughout GIT, gas abroad small intestines, rounded tip of liver w/ mild hepatomegaly, normal appearance of kidneys, no skeletal abnormalities
-Current medications: doxycycline 100mg 1-tab PO SID x 30 days (started 10/30/25), Keppra 250mg 1.5 tab PO TID, Gabapentin 100mg - 1 tab PO TID, Thryo-tabs 0.2mg- 1/2 tab PO BID, Zonisamide 50mg - 1 tab PO BID (started 4/10/25), milk thistle 250mg - 1 tab PO SID (restarted 3 wks ago), phenobarb stopped 11/3/22
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. No mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal 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. No obvious aortic or 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	NA	2.2	NM	1.1	37	69	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	180	1.0	0.8	8.8	1.6	2.1	1.3

*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 ***Note: All measurements based upon multi-modal images and methods. An average value is reported.* 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 Clin North Am 15:1177, 1995	5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
	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

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.

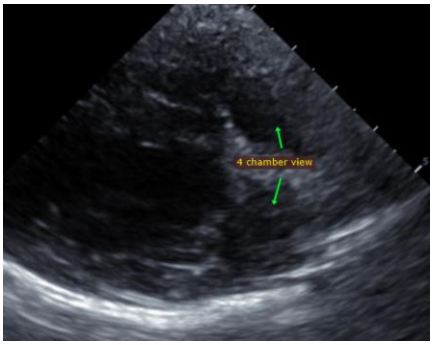
These findings would suggest the radiographic appearance is likely normal variant. These films should be used as a baseline for future comparison.

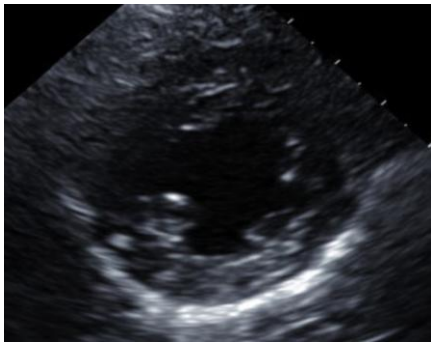
No cardiac medications are indicated at this time as the cough is certainly non-cardiac in origin. Continued work up for infectious/inflammatory respiratory causes is recommended. Options include Baytril or similar antibiotic, anti-inflammatory prednisone, aggressive hydrocodone, etc. If refractory, may consider TTW/BAL for further information.

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

Chronic respiratory issues can lead to pulmonary hypertension if poorly controlled and a recheck echocardiogram is recommended should any exertional syncope/dyspnea occur, or a murmur be noted in the future.

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
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