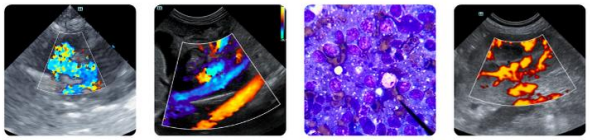
SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Bruna McLennan

SPECIES

Canine

BREED

American Pitbull Terrier

SEX

Female Spayed

AGE

5.5 years

WEIGHT

59.3lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Stephanie Cory, DVM

HOSPITAL NAME

Brighton Veterinary Clinic P. C. Inc.

REFERRING VET

Dr. Loewen

INVOICE

46689

DATE

2/4/26

PRESENTING CLINICAL SIGNS

History: Coughing since December, did not respond to Doxycycline. CXR noted cardiomegaly and started Vetmedin. On exam today, grade 2/6 systolic heart murmur, PMI R chest and L parasternal. Sedated with Trazadone and Midazolam, Torb and Alfaxalone.

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

Normal cardiac silhouette. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of the mitral valve leaflets with no obvious prolapse into the left atrial lumen. No mitral regurgitation is identified. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears subjectively normal, with no significant tricuspid regurgitation. The right heart is normal (subjective). In some views a small circular soft tissue lesion is seen near the caval opening; inconsistent (0.8 x 1.0cm in best-viewed cross section). No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. No aortic abnormalities identified; however, the LVOT velocity is mildly elevated. Normal pulmonic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

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	NA	NM	1.3	38	70	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	NM	1.8	1.3	26.9	3.0	4.7	2.9

*Normal chamber parameters expressed as a mean value (SD)

BODY WEIGHT DEPENDENT PARAMETERS				
	3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
	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)

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

PATIENT

Bruna McLennan

SPECIES

Canine

BREED

American Pitbull Terrier

SEX

Female Spayed

AGE

5.5 years

WEIGHT

59.3lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Stephanie Cory, DVM

HOSPITAL NAME

Brighton Veterinary Clinic P. C. Inc.

REFERRING VET

Dr. Loewen

INVOICE

46689

DATE

2/4/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac dimensions and function. The only cause of a murmur identified is increased flow velocity through the LVOT/aortic root. No obvious subaortic narrowing or valvular abnormalities are visualized, and in the absence of structural issues this is considered a benign flow murmur. If the murmur persists or progresses, it is reasonable to monitor periodically via recheck echocardiography in the future. Additionally screening for fluid status abnormalities (dehydration, anemia, etc.) is recommended through routine lab work as volume changes can make this finding more prevalent. No significant valvular insufficiencies were noted and no structural issues identified.

Of some concern, a small soft tissue lesion is seen along the roof of the right atrium. The finding is inconsistent and artifact is not ruled out. That being said, given the signalment and appearance a small mass is certainly possible. Further workup may be indicated, such as a thoracic CT scan and systemic screening for ancillary issues. If declined, simply reassessing in 2-3 months is recommended.

These findings would suggest the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc.). A poorly controlled cough can lead to development of pulmonary hypertension over time, and monitoring for associated clinical signs is recommended (primarily exertional syncope/dyspnea).

No cardiac medications are indicated. Prognosis is open.

No cardiac contraindication for general anesthesia.

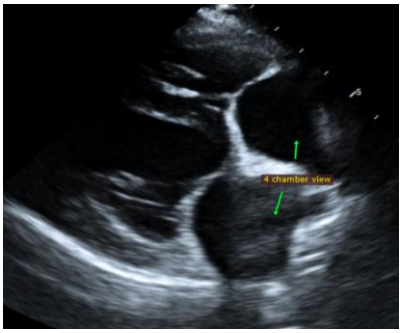
Monitor for any development of cough, labored breathing or exercise intolerance.

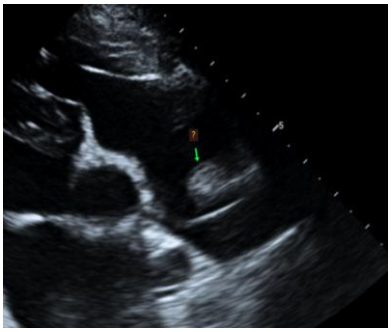
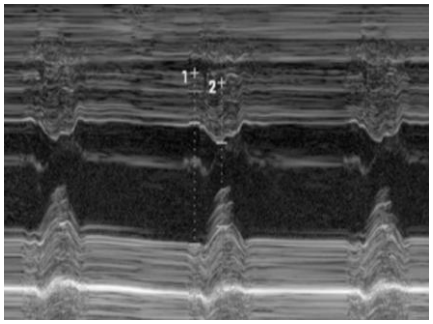
PLAN

Consider advanced imaging, such as a thoracic CT scan, referral to a local Cardiologist, etc. Systemic screening may be indicated.

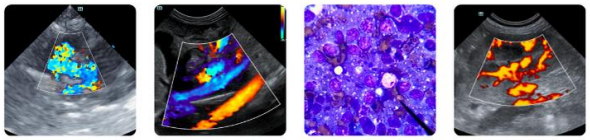
Recommend recheck echocardiogram in 2-3 months as discussed.

IMAGES



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Bruna McLennan

SPECIES

Canine

BREED

American Pitbull Terrier

SEX

Female Spayed

AGE

5.5 years

WEIGHT

59.3lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Stephanie Cory, DVM

HOSPITAL NAME

Brighton Veterinary Clinic P. C. Inc.

REFERRING VET

Dr. Loewen

INVOICE

46689

DATE

2/4/26

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