



PATIENT

Rascal Boley

SPECIES

Canine

BREED

Terrier Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

43.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Brian Hougentogler,
DVM

HOSPITAL NAME

K-Vet Animal Care

REFERRING VET

Dr. Bouch

INVOICE

46711

DATE

2/5/26

PRESENTING CLINICAL SIGNS

History: Grade 2/6 heart murmur. 1/21/26 had a collapse episode followed by panting and tachycardia. Has had similar episodes before, but this episode was the worst one yet. Was hypertensive at visit, so Enalapril was added to medications that. BP: 122mmHg.

-Current medication: Sotalol 120mg ½ tab, BID; Mexiletine 150mg 1 cap, BID; Enalapril 10mg ½ tab BID.

-Abnormal PE/Chem/CBC/UA Results: T4: 1.7, BNP: 3192 (high), Creatinine: 1.2. HW: Neg.

-ECG (4/2024 Idexx): NSR with single VPCs. CXR: normal. VT noted previously; improved on Sotalol and Mexiletine.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Mild to moderate eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no 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 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	6.2	NA	1.2	Est 1.5	41	76	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	NM	1.2	0.6	19.8	2.8	3.9	2.3
<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)

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



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing mild to moderate mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study.

In a dog with no significant left atrial enlargement, no cardiac medications are indicated. Use of an ACE-I should be dictated by previous and current BP assessment. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

This patient has a history of ventricular arrhythmias with dual antiarrhythmic therapy being given. No further comment can be made without an ECG, which is strongly recommended in light of collapse. Certainly these structural changes would not explain the genesis.

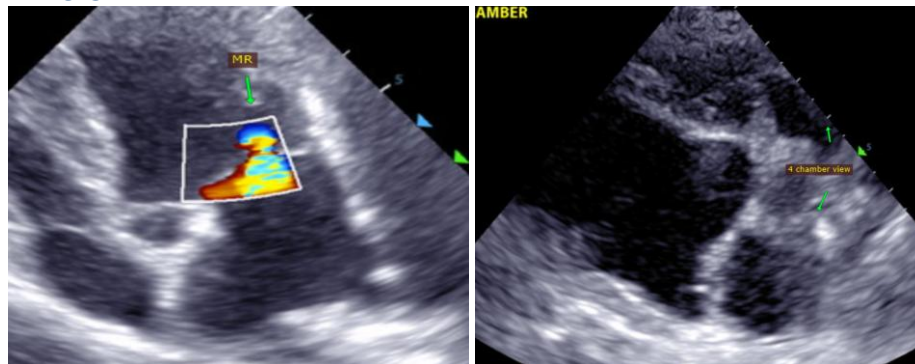
Anesthesia is not advised prior to further arrhythmia evaluation.

PLAN

Use of an ACE-I should be dictated by BP assessment. Highly recommend repeat ECG due to collapse.

Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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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Rascal Boley

Maggie Machen Lamy, DVM

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