



**PATIENT**

Stormy Tolar

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Female Spayed

**AGE**

9 years

**WEIGHT**

93lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Julia Bakker, DVM

**HOSPITAL NAME**

Orange Blossom  
Veterinary Imaging

**REFERRING VET**

Dr. Steinberg

**INVOICE**

47180

**DATE**

3/10/26

**PRESENTING CLINICAL SIGNS**

History: Presented for collapsing; was outside playing 2 weeks ago and collapsed outside, lateral, had a long stare. Has been breathing heavier and coughing more recently. Heart murmur. Same thing happened this morning. Coughs; nothing comes up. CXR: VHS 10.66. Age-related changes to lungs. BNP: 3006.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild MV thickening with no prolapse into the left atrial lumen. No obvious mitral regurgitation with a normal left atrial dimension. Normal LV diameter with mildly depressed 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 and trace pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses. **Marked tachycardia throughout.**

**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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>			NM	1.2	26	50	0.3
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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	NM	1.3	0.8	42.2	2.5	3.9	2.9
*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)
				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**

The most significant finding is a marked tachycardia is present, which is suspected to be the cause of reported collapse episodes. This is a highly unstable rhythm and should be further assessed ASAP as treatment is likely indicated. The overall cardiac dimensions and function are normal with mild dysfunction, which is likely secondary to tachycardia. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension.



## PATIENT

Stormy Tolar

## SPECIES

Canine

## BREED

Pitbull

## SEX

Female Spayed

## AGE

9 years

## WEIGHT

93lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Julia Bakker, DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Dr. Steinberg

## INVOICE

47180

## DATE

3/10/26

Follow-up should be dictated by the results of the ECG. Structural disease is unlikely in this case and full systemic screening is advised to assess for underlying causes.

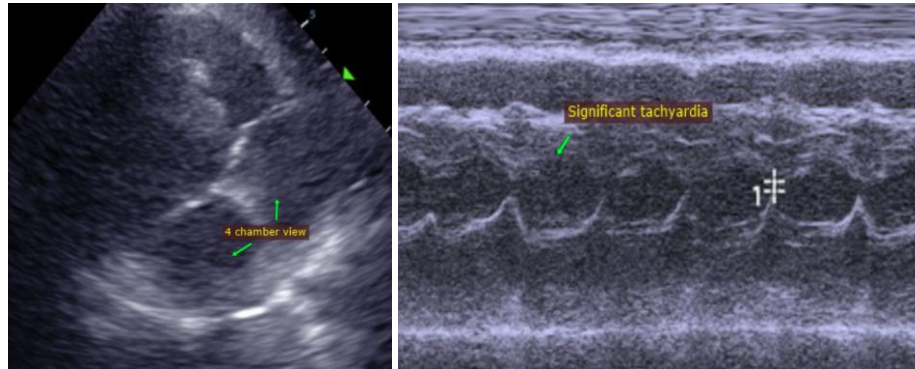
Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

## PLAN

An immediate ECG should be obtained, ideally at an Emergency Facility equipped with antiarrhythmic therapy. Full systemic screening is recommended.

A recheck echocardiogram is recommended pending results of ECG.

## 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