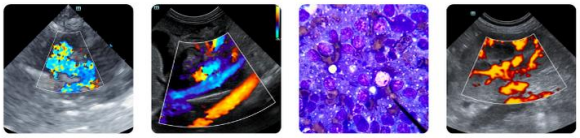

PATIENT

Calamity Parsons

SPECIES

Canine

BREED

Dalmation

SEX

Male Intact

AGE

2 years

WEIGHT

58.9lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Vetwell Rockcliffe Vet Hospital

REFERRING VET

Dr. Quinn

INVOICE

47191

DATE

3/11/26

PRESENTING CLINICAL SIGNS

History: Breed screen exam. CXR (3/2026) showed cardiomegaly on VD view.

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 is seen, with a normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no significant 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 aortic and trace pulmonic insufficiency. No obvious congenital shunts or defects are observed. 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			1.0	1.2	29	50	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	76	1.2	1.1	26.7	2.5	4.2	3.0
*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				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)
Adapted from June Boon, Veterinary Echocardiography, 1998				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Hansson et al, Vet Rad and Ultrasound 2002				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structural and function is identified. No significant valve leaks are appreciated, and flow through the great vessels is normal. No obvious congenital issues are seen and in the absence of a heart murmur structural disease is highly unlikely.

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

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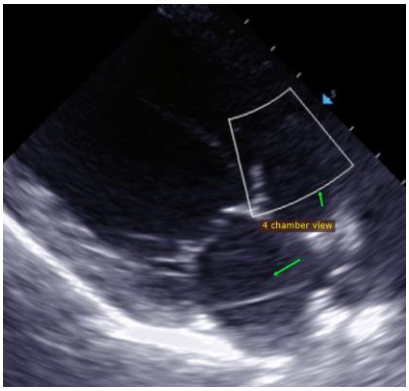
No obvious contraindication for breeding this animal. It should be noted that an OFA evaluation by an attending Cardiologist is the gold standard breed screening exam and should be considered in this animal (congenital evaluation in addition to annual monitoring for development of cardiomyopathy).

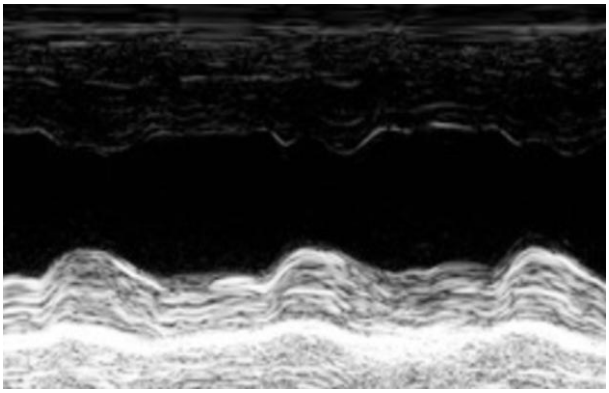
Prognosis is open and there is no contraindication for general anesthesia.

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

A recheck echocardiogram is recommended annually for breeding soundness, sooner if any clinical signs, murmur, etc. arise.

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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