



PATIENT

Finn Fairbanks

SPECIES

Canine

BREED

Mix

SEX

Male Intact

AGE

13.6 years

WEIGHT

40lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

East Bradford
Veterinary Hospital

REFERRING VET

Dr. McGrath

INVOICE

47249

DATE

3/23/26

PRESENTING CLINICAL SIGNS

History: Echo for pre-anesthetic clearance prior to surgery (dental and neuter). Previous history of VPCs under anesthesia. No heart or clinical signs. BP: 180, 175, 180mmHg. Labs: CBC: NSF - Chem ALT 165 H, Glob 3.8 H, remainder NSF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve appears mildly thickened with trace MR. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function. Trace TR. Normal velocity. No overt evidence of pulmonary arterial hypertension or right heart compensation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present with normal velocity. Trace aortic insufficiency. Normal pulmonic valve with trace pulmonic insufficiency seen. No pericardial or pleural effusion noted. No obvious cardiac tumors. No obvious congenital defects are 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	2.7	NM	1.1	42	74	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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	93	1.7	1.0	18.1	2.2	3.0	1.7
*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)
				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 cardiac structure and function are essentially normal in this patient. The left heart dimensions are normal, and the systolic function is intact. Trace leaks are noted associated with all four valves; however, none appear hemodynamically significant making them likely physiologic (ie non-progressive). No significant valvular insufficiencies are noted, and no structural issues identified.



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VPCs under a prior anesthetic event may simply reflect a drug reaction, as no structural issues are identified. Consider an alternative protocol v consultation with an anesthesiologist. If the abnormal beats are noted independent of sedation, further evaluation such as a holter monitor or extended ECG is recommended.

The reported BP is borderline elevated, and should be monitored going forward. Ideally obtain serial measurements in a controlled, low stress environment and continue until the readings plateau within 5mmHg of variability for 3+ readings. I do not typically recommend vasodilator therapy in dogs unless the values are persistently > 180mmHg, are significantly increased compared to stress level, and/or the patient has a predisposing factor for true hypertension (such as PLN, Cushings, etc).

No structural contraindication for general anesthesia; however, follow up for the arrhythmia may be necessary depending on further evaluation.

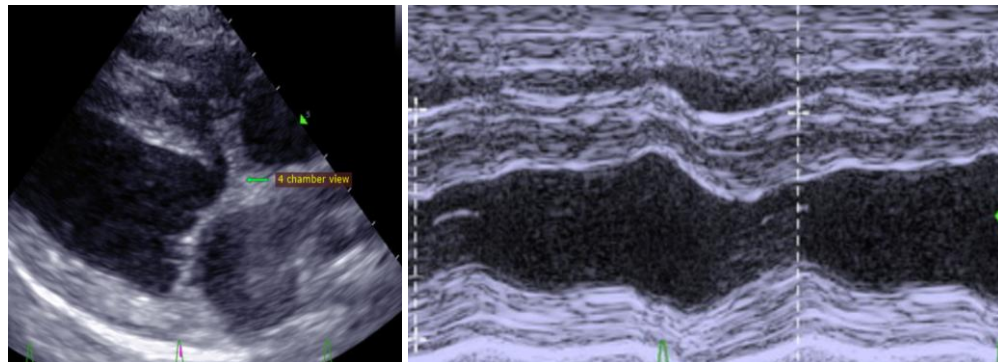
Monitor at home for collapse, exercise intolerance, and/or lethargy.

PLAN

Consider a baseline ECG/holter monitor, systemic evaluation, etc. as dictated by the clinical picture and index of suspicion. Reassess BP as discussed.

Recheck echocardiogram should a murmur and/or clinical signs 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

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com