



PATIENT

Cylus Fleming

SPECIES

Canine

BREED

Pitbull Mix

SEX

Male Intact

AGE

3.4 years

WEIGHT

67.6lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola
 Veterinary Hospital

REFERRING VET

Dr. DeMeo

INVOICE

47322

DATE

3/26/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 4/6 heart murmur. On Carvedilol 12.5mg BID. Assess prior to anesthesia for neuter.

-Pertinent previous echo findings (2023 Goodwin): MV dysplasia, LA/AO: 1.3. Mild to moderate LVH (0.5/0.7cm).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is mildly hypertrophied (1.4cm globally). There is a diffusely hyperechoic endocardium consistent with remodeling. LV chamber is normal. Trace eccentric MR. Mild papillary muscle remodeling. The left atrium is normal. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is mildly thickened with no prolapse is seen into the LVOT in systole. No tricuspid regurgitation seen. Blood flow through the LVOT is mildly elevated. Trace aortic insufficiency noted. Normal aortic valve. Normal RVOT velocity. No obvious PS. No evidence of cardiac tumors or additional congenital issues in this scan. No pleural or pericardial effusion seen.

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			1.2	1.2	3	70	0.5
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	2.0	1.1	30.7	3.1	3.8	2.4
BODY WEIGHT DEPENDENT PARAMETERS							
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the limited information available in the prior report, a comparison is difficult to make. What can be said is mild LVH persists with no LA dilation. The mitral valve is slightly thickened, which presumably supports the previous diagnosis of MV dysplasia. Trace aortic insufficiency is noted, and a baseline BP is recommended. No additional issues are identified.



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Given these findings, it is reasonable to continue Carvedilol going forward. No other medications are indicated, although omega fatty acid supplementation may be useful for anti-arrhythmic benefits. Mild activity restriction is advised. Monitor at home for any respiratory signs or clinical lethargy/collapse.

Prognosis is open due to mild nature of the disease. This is an uncommon disease in dogs, making it difficult to predict outcome. Patient will be at risk for associated clinical signs including arrhythmias, CHF, and/or sudden death lifelong.

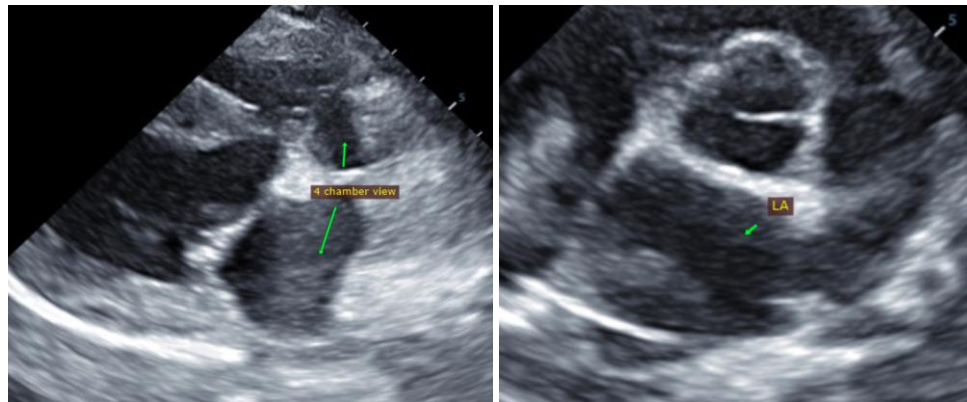
Anesthetic risk is considered mild, however judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

PLAN

Consider Carvedilol as prescribed.

Recommend recheck echocardiogram annually, sooner if clinical issues 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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