

**PATIENT**

Minnie Dyer

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Female Spayed

**AGE**

8 years

**WEIGHT**

19lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Duffield, DVM

**HOSPITAL NAME**

PetVue Veterinary  
Sonography LLC

**REFERRING VET**

Dr. Duffield

**INVOICE**

47374

**DATE**

3/30/26

**PRESENTING CLINICAL SIGNS**

History: ~4.5y ago presented with occasional mild cough. Cardiomegaly noted on CXR at this time. No Rx given and no further evaluation since. Otherwise, asymptomatic and doing well. Mild obesity (improving) and recent acute unilateral forelimb lameness. No known h/o murmur.  
\*Sedated with Torb, Midazolam and Alfaxalone.

**ECHOCARDIOGRAM FINDINGS**

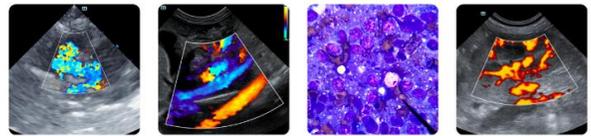
2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Trivial mitral regurgitation with a normal left atrial dimension. No LV dilation with borderline myocardial function. The tricuspid valve appears normal with mild tricuspid 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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	NM	NM	1.1	1.1	30	55	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	1.1	0.8	8.6	1.6	2.7	1.9
*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**

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. The LV function is borderline for this signalment; however, a transient change secondary to sedation is suspected given concurrent bradycardia. Trace mitral and mild tricuspid regurgitation are likely physiologic in the absence of a heart murmur. Follow up is advised should a murmur develop. No significant abnormalities are visualized, and no evidence of



## PATIENT

pulmonary hypertension.

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

## SPECIES

Canine

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

## BREED

Chihuahua Mix

No cardiac contraindication for general anesthesia.

## SEX

Female Spayed

A recheck echocardiogram is recommended should a significant murmur develop or signs of cardiac compromise develop in the future.

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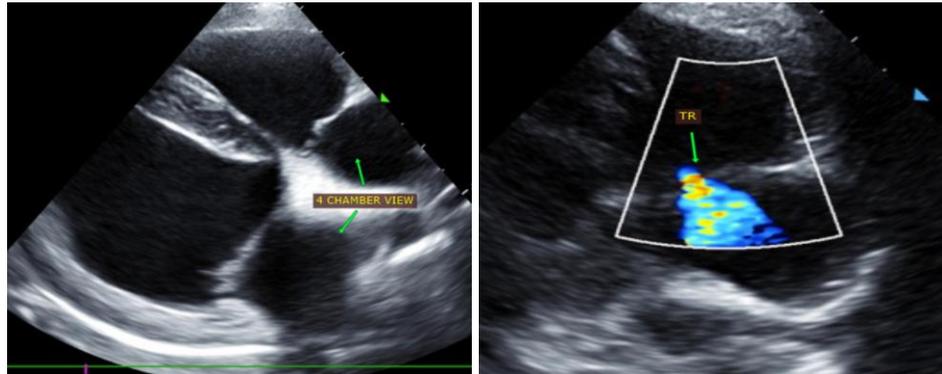
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## IMAGES



**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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