



**PATIENT**

Ben Horgan

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male Neutered

**AGE**

4 years

**WEIGHT**

97.9lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Iacovides, DVM

**HOSPITAL NAME**

Tuxedo Animal  
Hospital

**REFERRING VET**

Dr. Stuart-Altman

**INVOICE**

47530

**DATE**

4/10/26

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Previously diagnosed with DCM; suspected to be due to a previous grain-free diet (changed). Follow up evaluation did show improvement. Asymptomatic. On Simparica and Taurine. BNP (2024): 1084.

-Pertinent previous echo findings (2/2025 Idexx): the follow-up echo – LV: 4.8/3.3, FS: 28%, mild MR/TR – improved.

-Holter monitor (7/2024): Largely normal.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. Trace mitral regurgitation. No left atrial dilation. The LV is normal in diastole with a slightly increased systolic dimension (LVIDdN: 1.61, LVIDsN: 1.12). The LV function is slightly depressed. The tricuspid valve appears subjectively normal with no TR. The right heart appears normal. No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities; laminar flow. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac or extra-cardiac tumors identified.

**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	NA	NM	1.2	25	48	0.4
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	0.8	0.7	44.4	2.8	4.9	3.7
*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**

Mild left heart changes are identified, including a slightly increased LV dimension in systole and slight LV dysfunction. Compared to the prior report, these findings are similar, which is good news given the patient's history. The LA is normal and no additional issues are identified.



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No medications are indicated at this time. A Taurine supplement is reasonable and should be continued going forward. Prognosis is guarded long-term; however, improvement is of course a good sign.

Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

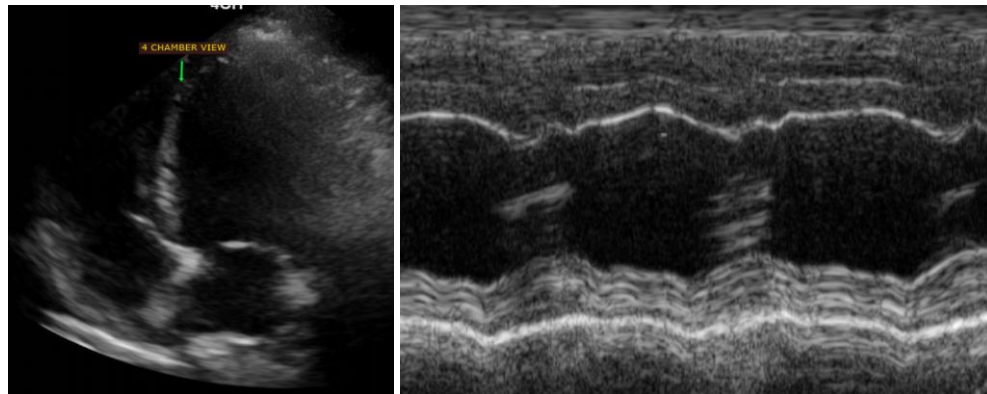
Anesthetic risk is considered mild. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated. Avoid Alpha-2 Agonist lifelong.

## PLAN

Continue Taurine as prescribed described.

Recommend conservative monitoring with a recheck echocardiogram annually, sooner if any development of clinical signs.

## 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.

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