



PATIENT

Mia Eastman

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female Spayed

AGE

11 years

WEIGHT

61lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bennett

INVOICE

47564

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History: 4/7/2026 - Presented for twitching, lethargic, not eating well, falling over and can't stand on feet. Restless and uncomfortable. Started Pimobendan and Lasix and improved. Sedated with Torb.
-Abnormal PE/Chem/CBC/UA Results: PE (4/7)- ataxic in rear legs, very lethargic. No audible murmur or arrhythmia. BW: NSF except ProBNP (1,040), low BUN (8), WBC 17k, Neut 15k, Monos 1k. T-4 - 1.1. HW test - NEG USG - 1.017. CXR showed right sided cardiomegaly. AUS: NSF

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Normal cardiac silhouette. No obvious evidence of CHF.

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. Trivial mitral and tricuspid regurgitation is identified. Normal left atrial dimension. Normal LV diameter with normal myocardial function. The tricuspid valve appears subjectively normal. The right heart is normal. No overt evidence of pulmonary arterial hypertension although the distal PA/branches are prominent. The pulmonic and aortic valves are normal in morphology and mobility. No aortic abnormalities identified, borderline LVOT velocity. PV appears normal in form and function, however there is a mildly elevated flow velocity noted through the region. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors 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	NA	NM	1.2	29	50	0.6
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	1.7	2.0	27.7	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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995



PATIENT

Mia Eastman

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female Spayed

AGE

11 years

WEIGHT

61lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bennett

INVOICE

47564

DATE

4/14/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is mildly increased flow velocity through the distal pulmonary artery. No obvious stenosis or valvular abnormalities are visualized, and in the absence of a lifelong heart murmur this is most likely a benign flow abnormality. No valvular insufficiencies were noted, and no structural issues identified. No evidence of diet-related cardiomyopathy; however, a traditional senior diet remains the conservative recommendation.

These findings confirm the current clinical issues are non-cardiogenic in origin, and CHF is ruled out. Medications can be safely discontinued. Monitor for any development of cough, labored breathing or exercise intolerance. A baseline BP is strongly recommended.

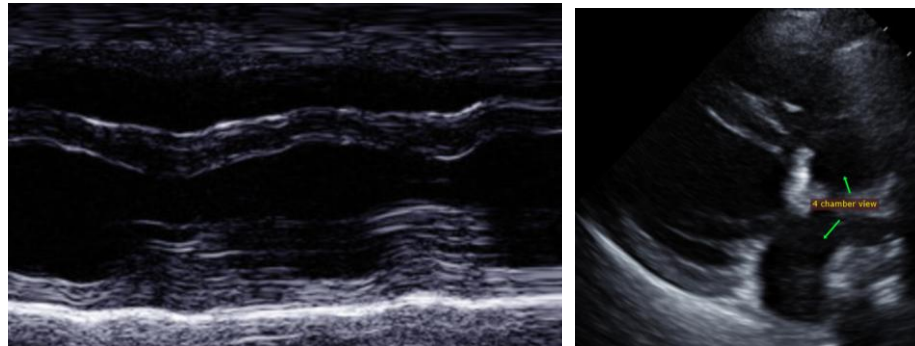
A structural cause for NT-proBNP elevation is not apparent here, making this potentially a false positive result (a known weakness of the test). Other possible causes for elevated levels of the enzyme should be considered, such as significant arrhythmias, hyperthyroidism, systemic hypertension or renal disease. If no obvious cause is identified, reassessing this patient in 6-12 months is recommended to ensure early disease was not missed.

No cardiac contraindication for general anesthesia.

PLAN

A recheck echocardiogram is recommended should a consistent murmur be noted in the future.

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