



**DATE** **CLINICAL BACKGROUND & STUDY DETAILS**

4.16.26

**PATIENT**

Lily Core

**SPECIES**

Canine

**BREED**

Frenchie

**SEX**

FI

**AGE**

10.3.22

**WEIGHT**

26lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**History:** Presented on 4/9 as a new patient with the complaint of decreased appetite of about 2 weeks duration. She has had intermittent vomiting, which was usually in the morning after not eating dinner, but she has since vomited during the day. Usually eats ground beef/chicken/turkey/pork w veggies. She also eats people food. O got her to eat some when feeding her a pork chop, chicken nuggets and fries. He says her last heat cycle ended two weeks prior to presentation. No vulvar discharge. Consistently on Trio. On presentation on 4/13 O noted she might have aspirated some vomitus yesterday. Lung sounds were harsh on auscultation on 4/13. Grade 3/6 murmur. BNP WNL.

**Pertinent abnormal PE/Chem/CBC/UA Results:** CBC/chem/UA on initial presentation showed mildly elevated ALT. CBC/chem WNL today, 4dx neg. AUS: WNL. CXR showed cardiomegaly. Difficult to assess lung fields,

**Current medications:** Dispensed Pepcid, Denamarin, cl not giving. Dispensed Entyce today.

**Sedation used:** Not required to complete full diagnostic ultrasound.

**Pertinent previous ultrasound results:** No previous.

**Imaging performed by:** Stephanie Warga RDCS, RVT.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild thickening of the mitral valve leaflets with no obvious prolapse into the left atrial lumen. No mitral regurgitation is identified. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears subjectively normal, with trace tricuspid regurgitation. Normal velocity. The right heart is normal (subjective). No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. No aortic abnormalities identified; however, the LVOT velocity is mildly elevated. Normal pulmonic outflow velocities. No aortic and trace pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

**CARDIAC CHART**

**HOSPITAL NAME**

Celebrie VH

**REFERRING VET**

Dr. Hepner

**INVOICE**

47590

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	2.4	NM	1.4	38	70	NM
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	140	2.0	1.3	11.8	2.0	3.2	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.  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	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. The only cause of a murmur identified is increased flow velocity through the LVOT/aortic root. No obvious subaortic narrowing or valvular abnormalities are visualized, and in the absence of structural issues this is considered a benign flow murmur. If the murmur persists or progresses, it is reasonable to monitor periodically via recheck echocardiography in the future. No significant valvular insufficiencies were noted and no structural issues identified.

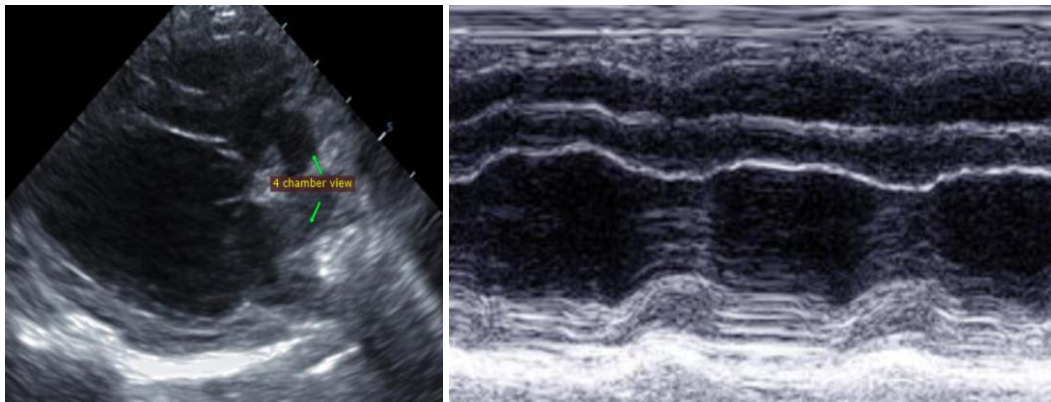
No cardiac medications are indicated. Prognosis is open.

No cardiac contraindication for general anesthesia.

Monitor for any development of cough, labored breathing or exercise intolerance.

Recommend recheck echocardiogram in 12-18 months to screen for development of concurrent cardiac disease that the preexisting murmur may mask.

### **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**