



PATIENT

Spirit Custom Canines

SPECIES

Canine

BREED

Golden Retriever

SEX

Female

AGE

3 years

WEIGHT

65lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kara Wallisch, DVM

HOSPITAL NAME

Sondel Family
Veterinary Clinic

REFERRING VET

Dr. Wallisch

INVOICE

476885

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: Breed screen exam. No murmur. Asymptomatic.
Previous OFA form available (2-2025): mild LV dysfunction; 4.6/3.6, FS 23%, trivial MR

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. No mitral regurgitation with a normal left atrial dimension. Mild LV dilation in systole and diastole with mild systolic dysfunction (LVIDdN: 1.80, LVIDsN: 1.23). The tricuspid valve appears normal with no significant tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology; no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal LVOT and RVOT velocities. No aortic and trace 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)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NA	NA	NM	1.3	26	50	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	1.5	1.0	29.5	3.2	4.9	3.6
*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)
*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 LV dilation and systolic dysfunction are identified, similar to what is described previously. While this is concerning for early cardiomyopathy, a normal variant cannot be ruled out particularly given a lack of progression. Close monitoring for progression is advised. The LA is normal, indicating a low risk for complication at this time.

LV dilation and dysfunction consistent with early DCM-phenotype can be primary in nature (ie genetic DCM); however, other possible causes such as a non-traditional diet or hypothyroidism



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must also be considered. With mild changes seen here, no medications are indicated at this time. Monitor for development of a progressive 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.

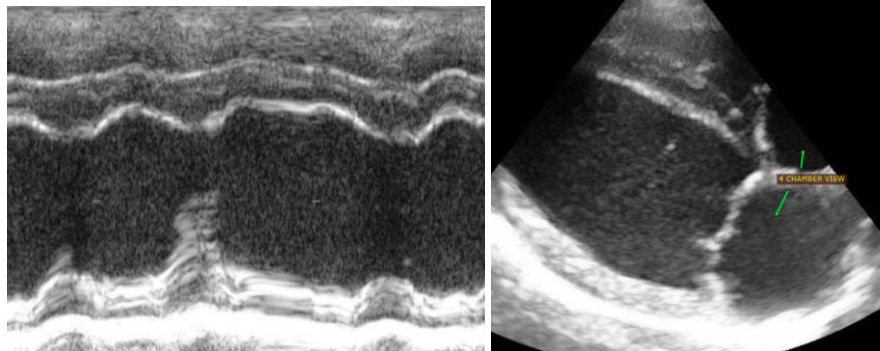
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively 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 agonists such as dexdomitor.

PLAN

Diet history/thyroid status recommended as discussed.

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs or a heart murmur.

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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