



**PATIENT**

Skyflower Lavelle

**SPECIES**

Canine

**BREED**

Sheltie

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

23.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

A. Anleu, DVM

**HOSPITAL NAME**

Cranberry Holistic Pet  
Care

**REFERRING VET**

Dr. Anleu

**INVOICE**

31495

**DATE**

6/22/23

**PRESENTING CLINICAL SIGNS**

History: History of proteinuria, thrombocytopenia, anemia, lipomas, dental disease, neck pain (atypical seizures), gallbladder sludge, and resolved gastroenteritis. A heart murmur was ausculted at another clinic. BP: 180, 214mmHg.

-Current medications: Clopidogrel 17mg SID, Ursodiol 250mg SID, Hemogenesis 1.5 tablets SID, Animal Botanical Heart Repair Mix, Pet Wellbeing Kidney Support Gold.

Abnormal PE/Chem/CBC/UA Results (6/8/23): SDMA 19.7 (6/22/23)BUN 49 (8-24), CREA 1.58 (0.5-1.5), PHOS 4.7 (2.5-5.0), BC 31 (4-27) (6/22/23)WBC 5.85 (6.00-17.00), MCV 58.8 (60.0-72.0), RDW-CV 18.9 (12.0-17.5), ABS MONOC 0.14 (0.30-1.50), ABS EOSIN 0.02 (0.10-1.25).

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild mitral valve leaflet thickening with no obvious prolapse into the left atrial lumen. No mitral regurgitation is identified. Normal left atrial dimension. Normal LV diameter with normal myocardial function. The tricuspid valve appears subjectively normal. No TR. The right heart is normal. No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. No aortic abnormalities identified, with normal outflow velocity. Normal pulmonic outflow velocities. No aortic insufficiency. No 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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NA	NA	NM	1.3	52	85	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
PATIENT	111	1.0	0.8	10.8	2.0	2.3	1.1
*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 structure and function with no cause of a murmur identified. No significant valvular insufficiencies were noted, and no structural issues identified. Given reported anemia, a mild flow murmur is suspected, even without documentation in this study. It is



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reasonable to monitor periodically via recheck echocardiography in the future, particularly should the murmur persist/progress.

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No cardiac medications are indicated at this time. There is certainly no cardiac contraindication for Benazepril in this case.

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

**BREED**

Sheltie

No cardiac contraindication for general anesthesia.

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

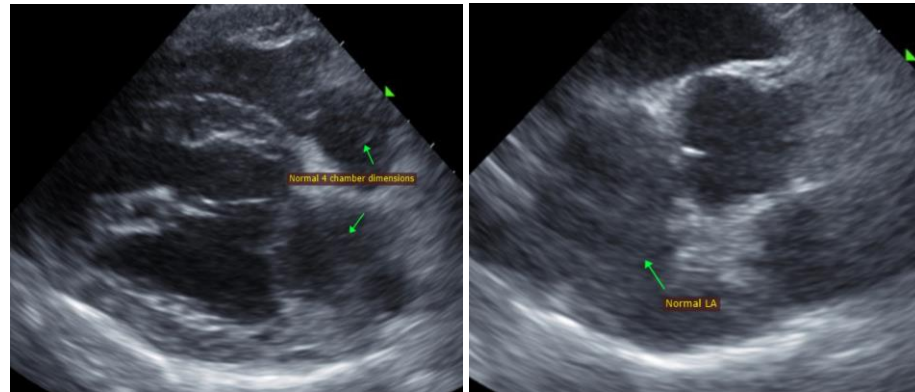
**SEX**

Female Spayed

**IMAGES**

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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.

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

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.

**IMAGING PERFORMED BY**

A. Anleu, DVM

**Maggie Machen Lamy, DVM**  
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