



## PATIENT

Allie Wallace

## SPECIES

Canine

## BREED

Lab Mix

## SEX

Female Spayed

## AGE

10 years

## WEIGHT

48lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Sands Hill Mobile  
Veterinary Ultrasound

## HOSPITAL NAME

Surf City Animal  
Hospital

## REFERRING VET

Dr. Wick

## INVOICE

32113

## DATE

8/3/23

## PRESENTING CLINICAL SIGNS

History: Cough that has not responded to Doxycycline. Mild bradycardia noted. No murmur ausculted.

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

Normal left heart. Possible right-sided cardiomegaly. No obvious evidence of CHF.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Trace anterior-directed mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trivial tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses. A sinus bradycardia is noted throughout the study (single lead attached).

## 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	NM	NM	1.5	1.2	40	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	60	1.1	0.7	21.8	2.5	4.7	2.9
*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.				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, with no obvious dysfunction or dilation of the left heart. Trace MR and TR is noted, which may reflect early valve disease. Follow is recommended should a murmur be ausculted in the future. No other significant valvular leaks are visualized, and no evidence of pulmonary hypertension. A sinus bradycardia is noted throughout the study. This is likely a normal rhythm due to high vagal tone; however, a full ECG evaluation, atropine challenge, etc. is recommended.



**PATIENT**

Allie Wallace

No cardiac medications are indicated at this time as the cough appears non-cardiac in origin. Continued work up for infectious/inflammatory respiratory causes is recommended. Options include Baytril or similar antibiotic, anti-inflammatory prednisone, aggressive hydrocodone, etc. If refractory, may consider TTW/BAL for further information.

**SPECIES**

Canine

No cause for the radiographic appearance is identified in this study. If concern persists, consider a Radiologist review of the films and/or focus thoracic ultrasound for future evaluation.

**BREED**

Lab Mix

Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

**SEX**

Female Spayed

Chronic respiratory issues can lead to pulmonary hypertension if poorly controlled and a recheck echocardiogram is recommended should any exertional syncope/dyspnea occur, or a murmur be noted in the future.

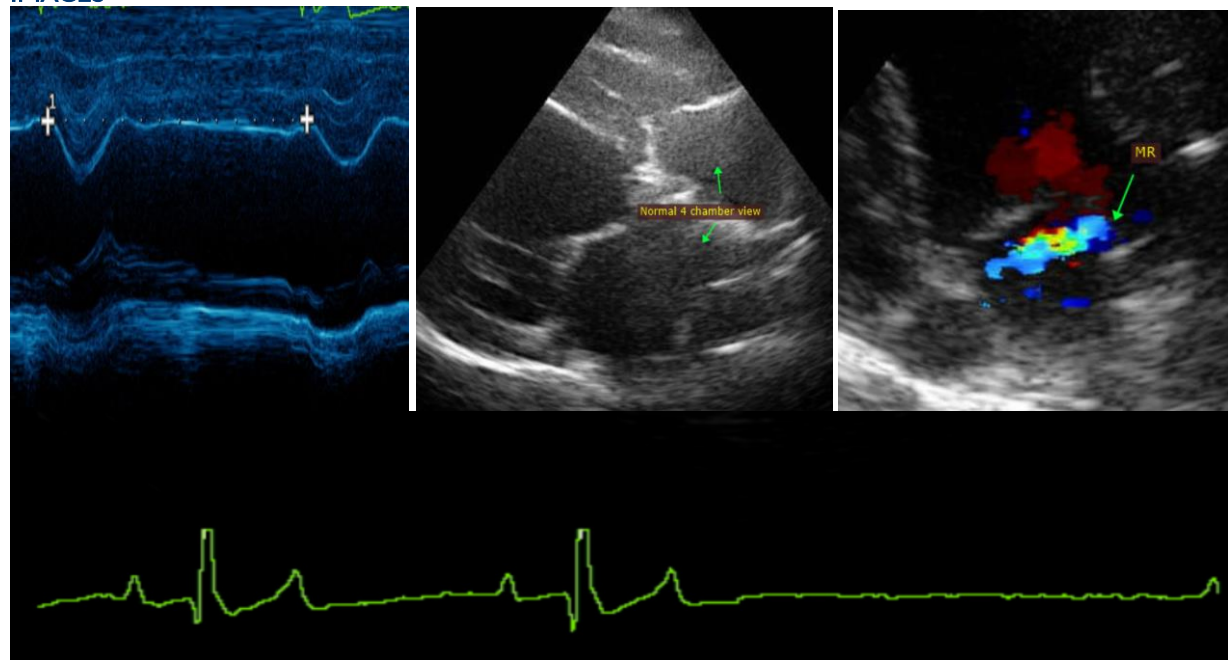
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INVOICE**

32113

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.

**DATE**

8/3/23

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