



## PATIENT

Paisley Flanigan

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

50 pounds

## INTERPRETED BY

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

## IMAGING PERFORMED BY

Dr. Karen Ebersole  
DVM, DABVP (Canine  
& Feline)

## HOSPITAL NAME

Scanvet

## REFERRING VET

Dr. Van Binsbergen

## INVOICE

13811

## DATE

2/15/26

## PRESENTING CLINICAL SIGNS

- Chronic, progressive cough.
- Beginning on 12/03/2025, presented for a progressive hacking and retching cough.
- Treated w/Doxycycline and omeprazole, followed by a trial of prednisone (responded, but d/c due to PUPD), Cerenia, now Hydrocodone.
- Echocardiogram rec. to rule out pulmonary hypertension
- Also testing for Lungworms

PE: no audible murmur, coughing on pressure on neck. CXR, 12/11/2025 (radiologist read) - mild bronchial pattern, suggestive of inflammatory or infectious bronchitis versus age-related changes.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (m-mode long axis)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	N/A	1.6		1.3	41	72	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	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				
PATIENT	167	1.9	NM	22.7	3.6	3.8	2.2

## Cardiac Presentation

The **left atrium** is of normal size, with no evidence of spontaneous echo contrast or thrombus formation. The **left ventricle** is of normal size and exhibits appropriate systolic function. The **right atrium** is subjectively of normal size and **right ventricular** dimensions, and systolic function are subjectively normal. The **mitral and tricuspid valves** exhibit normal appearance and function, with trivial tricuspid regurgitation observed, and no vegetative lesions were seen. Tricuspid regurgitation velocity is likely underestimated due to the scant amount of regurgitation present. The **aortic and pulmonic valves** appear normal, and there is normal laminar flow in the left and right ventricular outflow tracts. The **main pulmonary artery** and its branches appear normal, with a normal Ao: PA ratio of 1.1. The caudal vena cava is normal in diameter at 7.5 mm. There is no evidence of pulmonary hypertension, and no effusions or cardiac masses are seen. There is no evidence of an arrhythmia.

## ULTRASONOGRAPHIC FINDINGS

Normal canine heart



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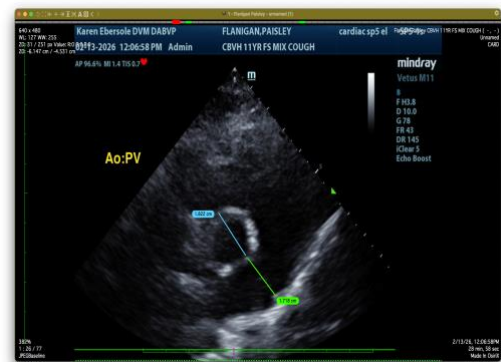
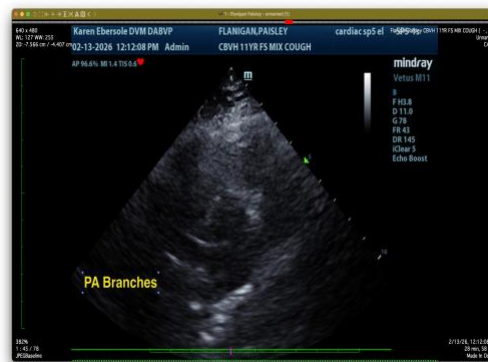
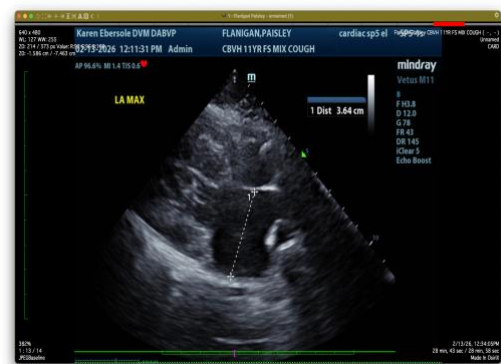
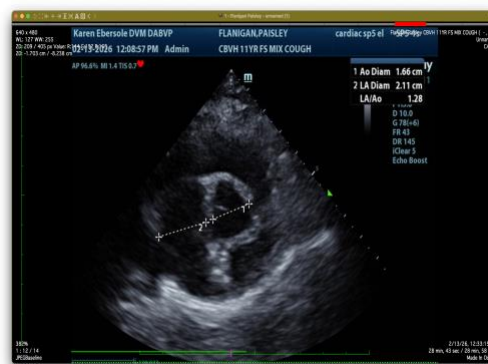
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- There is no evidence of pulmonary hypertension, or other cardiac pathology noted on today's ultrasound. Primary respiratory disease is suspected as the underlying cause of the patient's clinical signs.
- If no other cause for the cough is identified, the initial positive response to systemic corticosteroid therapy would support a chronic inflammatory bronchitis. Airway sampling for cytology and culture, via trans/endo-tracheal wash or bronchoscopy could be considered for definitive diagnosis. Alternatively, a steroid inhaler may be an option to control a chronic inflammatory bronchitis without systemic side effects.
- No cardiac medications are indicated at this time
- No special anesthetic protocols are needed, should anesthesia be warranted in the near future
- While this patient is not at increased risk for heart disease, they could develop acquired heart disease in the future just as any dog might. Thus, if the murmur increases in intensity, or symptoms of heart disease occur, a recheck echocardiogram would be recommended.



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

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Tam Mengine, DVM, DABVP (canine/feline practice)



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info@SonoPath.com

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