

**PATIENT**

Buddy Pacala

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Male Neutered

**AGE**

2016

**WEIGHT**

75lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT,  
 ARDMS/RVT

**HOSPITAL NAME**

Creekview VH

**REFERRING VET**

Dr. Ballek

**INVOICE**

46447

**DATE**

1/14/26

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History of a cough, abdominal distension and possible murmur.  
 -Pertinent previous echo findings (3/2025 Goodwin): CVD affecting the TV. Moderate PH. TR: 4.2.  
 Recommended Pimobendan, Spironolactone, Amlodipine, Plavix, Theophylline and Sildenafil.

**ECHOCARDIOGRAM FINDINGS**

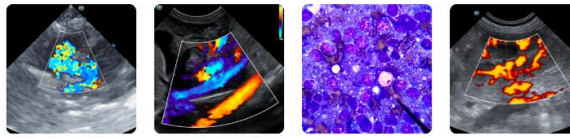
2D, m-mode, color flow and doppler imaging is available. Mild thickening of mitral valve leaflets with minima prolapse into the left atrial lumen. Mild mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Mild right atrial and ventricular enlargement. TR velocity consistent with mild pulmonary hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Mild main PA prominence. Mild pulmonic insufficiency. Normal pulmonic and aortic outflow velocities. 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)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NA	3.0	NM	1.3	28	50	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	NM	1.4	NM	34.0	3.0	5.0	3.6
*Normal chamber parameters expressed as a mean value				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)
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**

Compared to the prior study, there is evidence of mild improvement. Moderate pulmonary hypertension (PAH) is now mild, likely due to adequate medical management. The right heart remains mildly enlarged, suggesting relatively low risk for complication. Finally, a small mitral leak has developed suggestive on degenerative valve disease. This appears hemodynamically insignificant.



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Clinical signs of weakness, heavy breathing, cyanosis, and syncope are attributed to severe PAH. The underlying genesis of PAH is poorly understood in cases other than heartworm infestation, though it occurs with increased frequency in a variety of forms of chronic lung disease and in patients with idiopathic pulmonary fibrosis. If not performed, a heartworm antigen test is recommended. Without a history of respiratory disease, the cause remains open. Patients with severe PAH can develop right-sided congestive heart failure (ascites), debilitating cyanosis, labored breathing and exertional syncope if poorly controlled.

What is unusual in this case as the patient reportedly developed ascites despite only moderately elevated pulmonary pressures. This is the presumed diagnosis, given the history. Regarding medical management, potentially there are some medications that could be discontinued, such as Plavix, Pimobendan, Amlodipine and Theophylline, if there are no underlying clinical issues (such as systemic hypertension or respiratory disease). Plavix may have been to cover possible PTEs as an issue, and if suspicion was low may not be necessary. I would, however, continue Spironolactone and Sildenafil, given the case history.

Prognosis is guarded long-term; however, the patient has done well thus far.

Omega fatty acid supplementation (anti-inflammatory) may be of some long-term benefit. Monitor for worsening of labored breathing, exercise intolerance or collapse episodes.

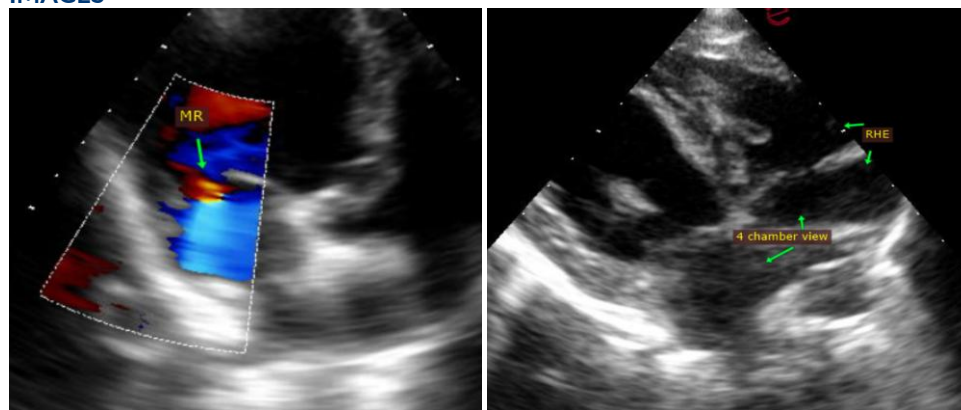
**PLAN**

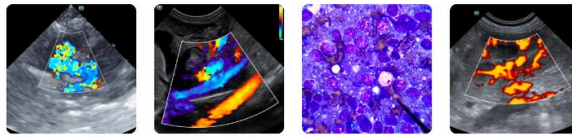
If elect to wean medications, Pimobendan and Plavix can likely be safely discontinued (assuming causes of PTEs were ruled out). Unless systemic hypertension is present, Amlodipine can be discontinued. If the patient has no outward respiratory disease, Theophylline can also be discontinued. Continue Sildenafil and Spironolactone as prescribed.

Monitor renal values and BP in 1-2 weeks then every 3-4 months lifelong. If doing well and BP is >130mmHg, institute ACE-I 0.5mg/kg PO q12h.

Recommend recheck echocardiogram in 6 months, sooner if any development of clinical signs.

**IMAGES**





**PATIENT**

Buddy Pacala

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.

**SPECIES**

Canine

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.

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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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