



**PATIENT**

Wilbur Upton

**SPECIES**

Canine

**BREED**

Basset Hound

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

43.4lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Ryan Leal, DVM

**HOSPITAL NAME**

Wellesley Animal  
Hospital

**REFERRING VET**

Dr. Leal

**INVOICE**

46489

**DATE**

1/19/26

**PRESENTING CLINICAL SIGNS**

History: Grade 2/6 heart murmur. CXR showed cardiomegaly and Pimobendan was started. Assess prior to anesthesia. History of anaplasma, ehr, and Lyme +; treated with Doxycycline several months ago. Still Lyme/anaplasma positive. Elevated liver values. Hypothyroid. BP (average of 5): 181mmHg. -Current medications: Levothyroxine, Pimobendan, Carprofen. -Lab work: CBC: NSF. Chem: Crea 0.6, BUN 15, Alb 2.6, Glob 4.1, ALT 210, ALP 376, ProBNP: 1314 UA: 1.023 with 3+ protein UPC 1.7 T4 <0.4 4dx: Lyme/anaplasma positive C6: 25 Fecal: Tapeworm.

**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. Trace/mild eccentric mitral regurgitation with no left atrial dilation (LA:Ao <1.4). Normal MR velocity. Normal LV diameter with adequate myocardial function. Mild LV hypertrophy. The tricuspid valve appears mildly thickened with no significant 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 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	5.8	NA	NM	1.2	55	86	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	1.2	1.0	19.7	2.7	3.2	1.4
*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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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**

Chronic degenerative valve disease causing trace/mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. Mild LV hypertrophy is noted, and the BP should be further assessed as below. No additional issues are seen in this study.

No cardiac medications are clearly indicated, as no benefit has been shown to providing therapy for dogs in stage B1 and Pimobendan can be safely discontinued. Omega fatty acid



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supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

Assessment of progression in the future will help predict long term prognosis, which is highly variable with stage B1 disease. Many B1 dogs will remain asymptomatic with slow progression for years to come.

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.). Mild LVH is suggestive and it is worth reassessing as below. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushing's, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

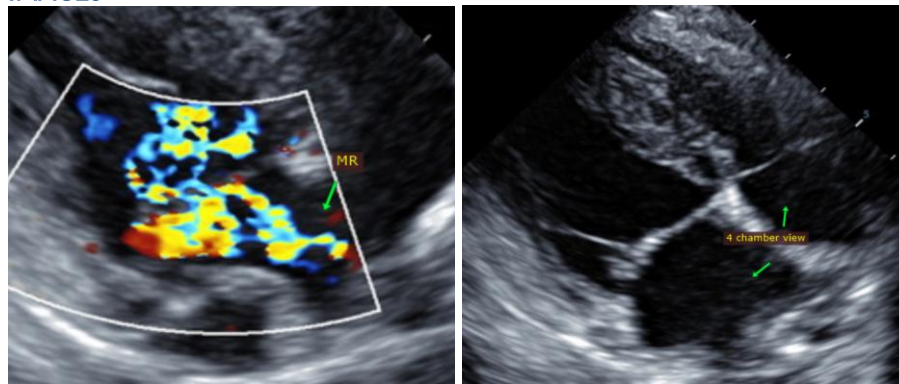
No cardiac contraindication for general anesthesia prior to chamber enlargement.

## PLAN

Discontinue Pimobendan. Further BP workup as discussed.

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months to assess rate of progression, sooner if any development of clinical signs in the interim.

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