



**PATIENT**

Gogo Ortiz

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

20.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

G. Ferrer, DVM

**HOSPITAL NAME**

Pulse: Pet Ultrasound  
Services

**REFERRING VET**

Dr. Davila

**INVOICE**

46571

**DATE**

1/26/26

**PRESENTING CLINICAL SIGNS**

History: New grade 3/6 heart murmur. Diagnosed with heartworm disease; assess prior to treatment.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mitral valve is thickened with mild prolapse into the left atrial lumen. Mild mitral regurgitation; normal left atrial dimension. Normal MR velocity. Normal LV diameter with adequate myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function with mild to moderate TR. The right heart is prominent. The TR velocity is elevated consistent with mild to moderate pulmonary hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal LVOT and RVOT velocity. No aortic or pulmonic insufficiency. Overtly normal MPA and PA branches; no obvious adult worms seen. No pericardial or pleural effusion noted. No obvious cardiac tumors seen.

**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	5.1	3.5	NM	1.3	56	87	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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	1.1	1.0	9.4	1.9	3.0	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 mild mitral and mild to moderate tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. There is evidence of mild to moderate pulmonary hypertension, which is likely secondary to reported heartworm disease. No treatment is necessary as this patient has no reported symptoms and simple monitoring is advised.

There is no evidence of an adult heartworm infestation at this time. The MPA and branches are largely normal with no adult worms seen. That being said, it is important to note that ultrasound is not 100% sensitive for finding adult worms however, although suspicion is low in a dog without associated clinical signs (cough, exertional syncope).



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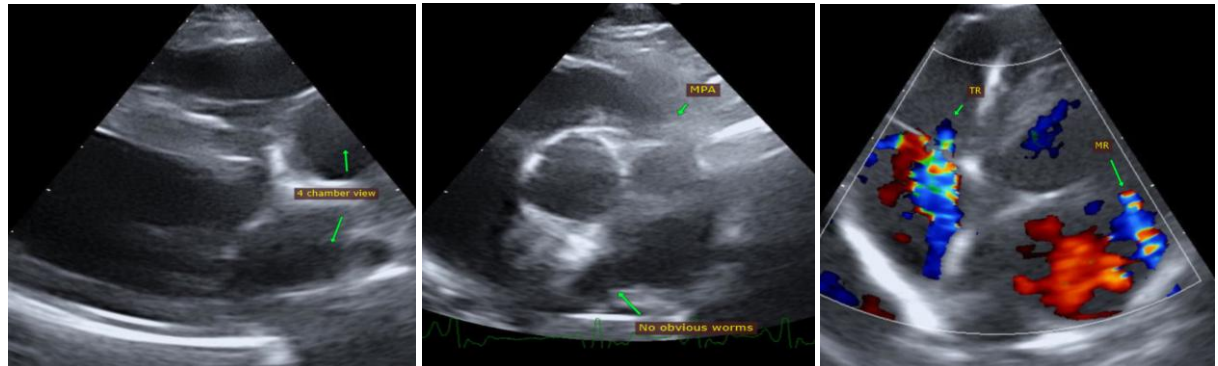
1/26/26

There is no obvious contraindication for Immiticide therapy with a presumably low adult worm burden. Confirming the diagnosis followed by the split immiticide protocol is recommended as dictated by the American Heartworm Society ([www.heartwormsociety.org](http://www.heartwormsociety.org)), including 30 days of doxycycline and monthly Ivermectin. Strict cage rest required at least until 4-6 weeks following the final treatment. Given possible systemic illness, consider further workup and therapy for current clinical signs before proceeding with aggressive HW therapy. No obvious association between an occult HW positive status and current GI upset is suspected.

If treatment is successful, good chance for no long-term issues associated with HW disease (cough, pulmonary hypertension, pulmonary damage, etc.) given a normal cardiac structure and lack of clinical signs.

Follow up echocardiogram is recommended in 6 months, sooner if clinical signs arise.

## 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**  
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