



PATIENT

Popo Waire

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

16 years

WEIGHT

12lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Bakker

INVOICE

45802

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. Was recently seen at Suncoast ER on 11/16/25 for syncopal episodes that was not recovering quickly from. Continuing to have syncopal episodes following the ER visit. BP: 135, 143, 132mmHg.

-CXR report (11/16/25): Cardiomegaly. Possible CHF. Consider PAH.

-Current medications: Enalapril 2.5mg BID, Vetmedin 0.25mg/kg BID, Lasix 6.25mg BID

-Pertinent previous echo findings (9/2025 Ultra Mobile): CVD B2; rec cont pimo/ACEI

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with minimal prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. No LV dilation with adequate myocardial function. The tricuspid valve appears mildly thickened with trace tricuspid regurgitation. No significant right heart enlargement. The MPA and branches are mildly dilated. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic and mild 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	5.2	NM	1.8	1.9	55	90	0.1
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	1.5	1.2	5.4	2.3	2.3	1.0
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				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

Chronic degenerative valve disease causing moderate mitral and trace tricuspid regurgitation. Moderate left atrial enlargement indicates current relative stability with risk for progression to spontaneous congestive heart failure in the future. The TR velocity is unable to be accurately measured; however, mild MPA dilation may suggest early pulmonary hypertension. No additional issues are noted at this time.



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These findings do not clearly explain syncope in this case, and a prolonged recovery may support a non-cardiogenic origin. Any pulmonary hypertension (if present) appears mild, and the left heart disease is moderate. Other possible causes should be considered depending on the situational component of the episodes, etc. This includes intermittent arrhythmias, neurologic/systemic issues, etc. A blood pressure and ECG are recommended.

Use of Lasix must be dictated by the CXR findings, which reads as inconclusive. If the patient experienced any respiratory compromise and/or the patient responded to diuretic therapy, it may be reasonable to continue the medication. **Otherwise the medication is likely unnecessary.** If there is any question, repeat CXR with a Radiologist review is recommended.

Given these findings, it is responsible to continue Pimobendan given the degree of disease and risk for progression. An ACE-I is of unknown benefit at this juncture; however, pending BP assessment is likely of no negative impact.

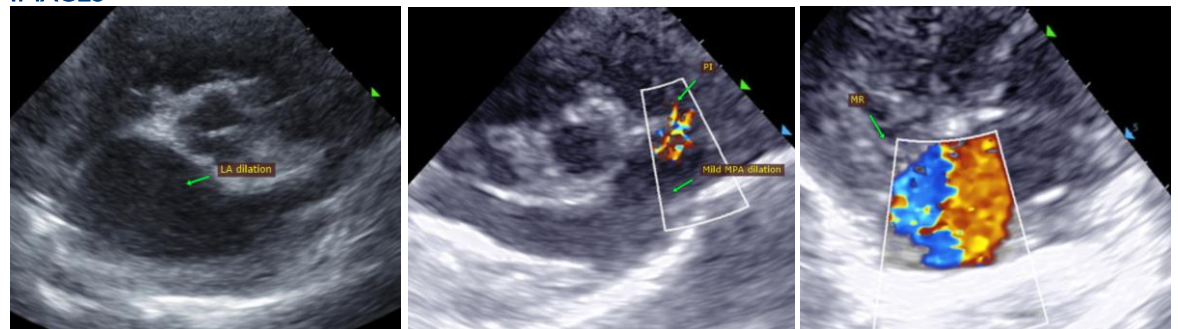
Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

Baseline BP and ECG are recommended. Further evaluation of episodes as discussed. Continue Pimobendan 0.3mg/kg BID. Consider continue versus discontinue Lasix as discussed.

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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.

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