



**PATIENT**

Bailey Turner

**SPECIES**

Canine

**BREED**

Yorkie Mix

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

3.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Meredith Swart, DVM

**HOSPITAL NAME**

Swart Veterinary  
Imaging

**REFERRING VET**

Dr. Swart

**INVOICE**

45624

**DATE**

11/3/25

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Increased cough.

-Current medications: Pimobendan 0.625 mg and Sildenafil 5 mg (both medications are only given once a day, will vomit if given twice a day)

-Pertinent previous echo findings (2/2024 KB): CVD B2. MR/TR. LA: 2.4, LV: 2.4, TR: 4.3.

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.  
Cardiomegaly. No obvious evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. Mild mitral regurgitation with mild left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with septal prolapse and moderate tricuspid regurgitation. Velocity consistent with moderate to severe pulmonary hypertension. Moderate right atrial and ventricular enlargement/hypertrophy. The pulmonic and aortic valves are normal in morphology and mobility. Mild MPA and branch dilation. No aortic or 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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.6	4.5	1.2	1.5	47	82	0.2
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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	NM	1.2	0.9	1.7	1.5	1.7	1.0
*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)
*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**

Compared to the prior study, findings are similar. Pulmonary hypertension remains significant with secondary right heart enlargement. Small mitral leak is also noted with only mild LA dilation. No additional issues are identified.



**PATIENT**

Bailey Turner

**SPECIES**

Canine

**BREED**

Yorkie Mix

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

3.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Meredith Swart, DVM

**HOSPITAL NAME**

Swart Veterinary  
Imaging

**REFERRING VET**

Dr. Swart

**INVOICE**

45624

**DATE**

11/3/25

Given these findings in a patient with no reported clinical issues, Pimobendan and Sildenafil are still recommended going forward. Neither drug is known to be effective at SID dosing and strongly recommend an attempt to increase. Consider compounding if necessary. Use of Theophylline and/or taper course of anti-inflammatory steroids can also be beneficial in these cases, to treat exertional dyspnea or acute flare ups and decrease the inflammatory component as much as possible. PRN use of cough suppressants may also be beneficial. Unfortunately, the prognosis overall is poor, however I am hopeful we can provide some improved medical relief going forward.

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

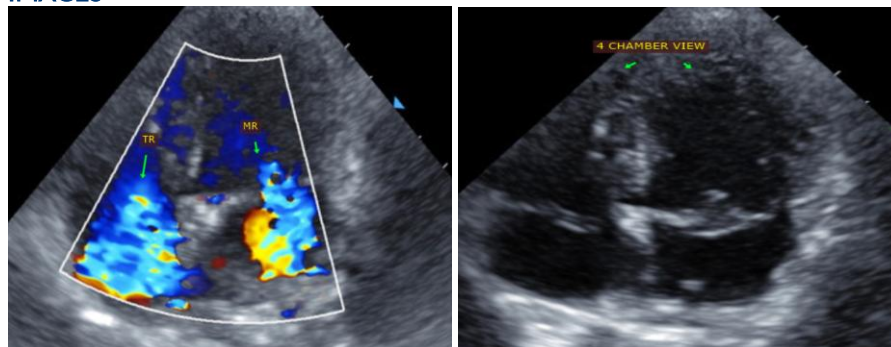
Anesthetic risk is considered moderately elevated. Preoxygenate for 5-10 minutes. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated. Avoid alpha 2 agonists such as Dexdomitor.

**PLAN:**

Monitor BP every 6 months. Continue Pimobendan ideally at 0.3mg/kg PO q12h. Continue Sildenafil ideally 1-2mg/kg PO q12h. Consider Hydrocodone as needed up to every 4-6hours PRN for cough if indicated.

Recommend recheck echocardiogram in 6-12 months to reassess pulmonary pressures, 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.

**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com