



**PATIENT**

Camilla Smith

**SPECIES**

Canine

**BREED**

Pembroke Welsh Corgi

**SEX**

Female Spayed

**AGE**

11.10 years

**WEIGHT**

30.9lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kristen Carpenter,  
DVM

**HOSPITAL NAME**

Pennridge Animal  
Hospital

**REFERRING VET**

Dr. Carpenter

**INVOICE**

45998

**DATE**

12/3/25

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Grade 3-4/6 heart murmur. BP: 131, 142mmHg.  
 -Current medications: Tramadol, Galliprant, Pimobendan 3.75mg PO BID, Amlodipine 1.25mg PO SID.  
 -Abnormal lab results: Creat 0.6, Albumin 2.6 (slightly low). UA - USG 1.038, 4+ protein.  
 -Pertinent previous echo findings (4/2025 MML): CVD B1. Mild to moderate MR, moderate LAE, mild LVE, trace TR, mild MPA dilation. PDA noted.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Moderate double jet of mitral regurgitation with moderate left atrial dilation. Normal MR velocity. Mild LV dilation in both systole and diastole with mildly depressed myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal right heart. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. Significant aortic and mild pulmonic insufficiency. Continuous flow is seen in the region of a PDA on color flow. Moderate MPA dilation. 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	5.3	2.5	1.7	1.9	54	85	0.5
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	NM	1.1	14.0	3.0	4.2	1.9
*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, there is evidence of progression. The MR is quantitatively increased with a slight increase in LA and LV dimensions. The aortic insufficiency has also increased; however, the reported BP is well controlled. Finally, the PDA is similar to previous, as is expected with secondary MPA enlargement.



## PATIENT

Camilla Smith

## SPECIES

Canine

## BREED

Pembroke Welsh Corgi

## SEX

Female Spayed

## AGE

11.10 years

## WEIGHT

30.9lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Kristen Carpenter,  
DVM

## HOSPITAL NAME

Pennridge Animal  
Hospital

## REFERRING VET

Dr. Carpenter

## INVOICE

45998

## DATE

12/3/25

Given these findings, continue Pimobendan going forward. With mild progression, it may be reasonable to add an ACE-I in this case. Continued assessment of progression in the future will help predict long term prognosis, which is guarded at this stage (B2). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

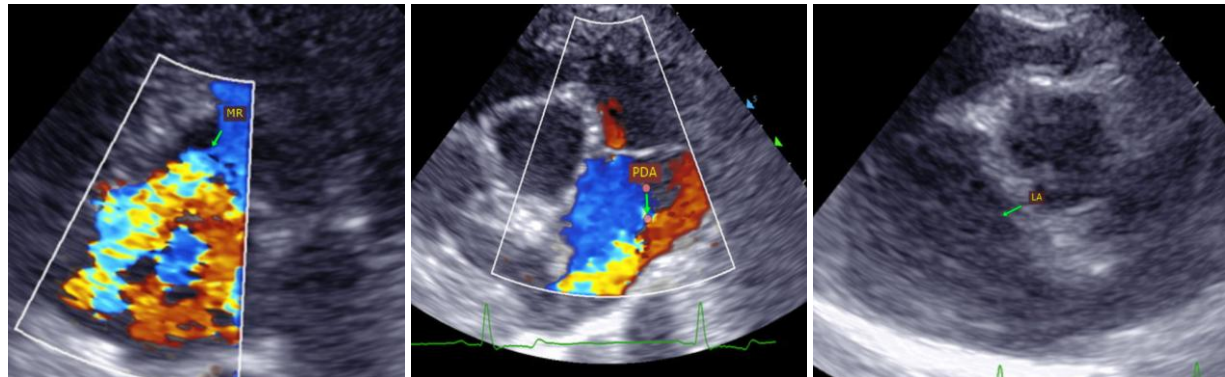
Anesthetic risk is considered moderate if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

## PLAN

Continue Pimobendan 0.3mg/kg PO q12h. Consider ACE-I 0.5mg/kg PO q12h if reasonable from a renal perspective.

Recommend conservative monitoring 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.

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