

PATIENT

Paco Bassone

SPECIES

Canine

BREED

Mix

SEX

Male Neutered

AGE

11 years

WEIGHT

16.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Veterinary Dental Care

REFERRING VET

Dr. Shannon

INVOICE

46070

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Needs dental. Previously dx with CVD B2 (2023, DH). Measurements not included; continue pimobendan and sildenafil.

Current medications: 1) sildenafil 20mg BID 2) pimobendan flex 7.5 mg BID

Abnormal PE/Chem/CBC/UA Results: Bloodwork in Nov 2025 WNL

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is thickened with mild prolapse into the left atrial lumen. There is severe eccentric mitral regurgitation present. There is moderate left atrial enlargement. There is mild left ventricular dilation with increased sphericity. Left ventricular systolic function adequate. There is normal systolic flow velocity across the aortic valve, trace aortic insufficiency. The aortic valve appears normal. Mild right heart enlargement. The tricuspid valve is thickened with septal prolapse and mild tricuspid regurgitation. The tricuspid regurgitant velocity is consistent with moderate pulmonary hypertension. Mild MPA prominence with significant branch dilation. The pulmonic valve is normal with normal outflow velocity. Trace PI. No pericardial/pleural effusion or cardiac masses are 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	6.2	4.0	1.6	1.7	40	72	0.48
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	1.0	0.9	7.3	2.3	3.0	1.8
*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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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 severe mitral and mild tricuspid regurgitation. Moderate left atrial enlargement indicates there may be elevated risk for spontaneous congestive heart failure in the future. Moderate pulmonary hypertension is present as evidenced by an elevated TR velocity and mild right heart/MPA enlargement, which was documented previously. Given the combination of findings, continued Pimobendan and Sildenafil are recommended as below. Compared to the prior brief report, findings appear similar.



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No symptoms are mentioned in the history; however, if any cough or syncope are noted these are typical of these findings. Primary respiratory disease is a common cause of PAH developing over time; however, a history of heartworm diseases should be ruled out. Chest radiographs are recommended in this case. It is important to note that PAH doesn't cause the cough; rather the inverse is true. Adequate cough suppression is of the up most importance to maintain stability going forward.

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.

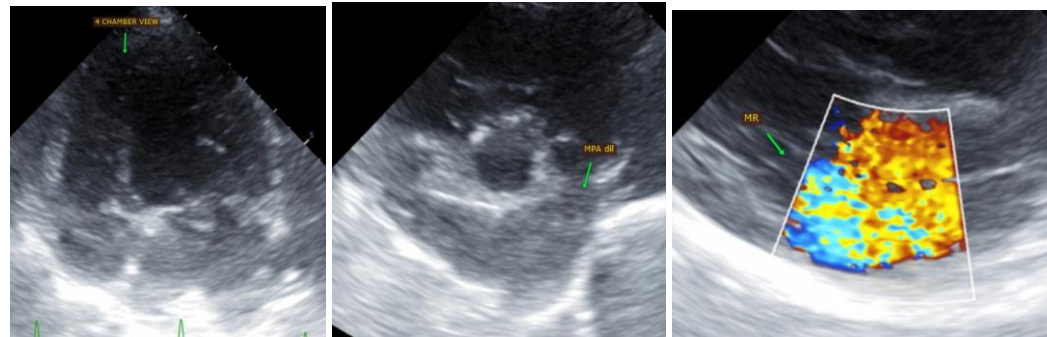
Anesthetic risk is considered moderately elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious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

PLAN

Continue Pimobendan 0.25-0.3mg/kg PO BID. Consider further respiratory workup/treatment and CXR with Hydrocodone if indicated. Continue Sildenafil 1-2mg/kg PO q8-12h.

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.

Maggie Machen Lamy, DVM
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