



## PATIENT

Peaches Nates Honor  
Animal Rescue

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

Female

## AGE

8 years

## WEIGHT

55lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Julia Bakker, DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Dr. Oglesby

## INVOICE

46079

## DATE

12/8/25

## PRESENTING CLINICAL SIGNS

History: 4 weeks post-partum with 11 puppies. Two weeks ago, she had an acute history of reported abdominal swelling, pale MM, tachypnea, and poor appetite. Lab work was performed and was mildly anemic (25%) with a mild azotemia. Free catch UA showed a marked UTI and a dilute USG.

Concurrently emaciated (2.5/9 BCS) with heartworm disease. History of roundworms. Started on a course of Clavamox following her initial UTI and concern over potential metritis. On recheck exam of her UTI on 12/3, another free catch urine sample was collected which showed a marked UTI.

Clinically, she is bright but reportedly intermittently PU/PD. She is also persistently pale pink, with intermittent paler MM color, with a mildly elevated heart rate and tachypnea. When on her back for more extensive diagnostics (VD CXR, DV not tolerated), she experiences an increased RE/RR.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild mitral valve thickening with no obvious prolapse into the left atrial lumen. No mitral regurgitation. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function. No TR. Mild prominence of right atrium and ventricle; however, no significant enlargement appreciated. The pulmonic and aortic valves are normal in morphology and mobility. Normal LVOT and RVOT velocity. No aortic or pulmonic insufficiency. MPA and branches appear normal. No obvious adult worms seen. That being said, the distal PA and branches are not extensively visualized. 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	NA	NA	1.1	1.2	40	72	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	1.7	1.5	24.9	2.8	4.0	2.4
*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)
*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

Overtly normal cardiac structure and function documented in this study with no obvious significant PAH. There is no significant valvular regurgitation or chamber enlargement noted. The MPA and branches appear normal, and there are no obvious adult worms seen. It is important to understand that the distal pulmonary branches are difficult to visualize, and adult worms may



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have been easily missed. Even with the best visualization, ultrasound is not 100% sensitive for finding adult worms and these may be present in the peripheral vasculature.

Complicated case. This patient is systemically ill, which is not explained by these findings. A lack of significant right heart enlargement or evidence of an obvious large warm burden was unexpected given the history. It would be unlikely that this patient has worm emboli elsewhere without seeing any evidence of a chronic infestation in within the heart. Full systemic workup is advised in light of lab work results and an AUS is recommended. Additionally, a CXR review by a Radiologist may be helpful to understand the extent of possible airway disease.

There is no obvious contraindication for Immiticide therapy with a presumably low adult worm burden based upon what is seen here. 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.

Any future cough should be treated symptomatically utilizing anti-inflammatory steroids, hydrocodone, etc.

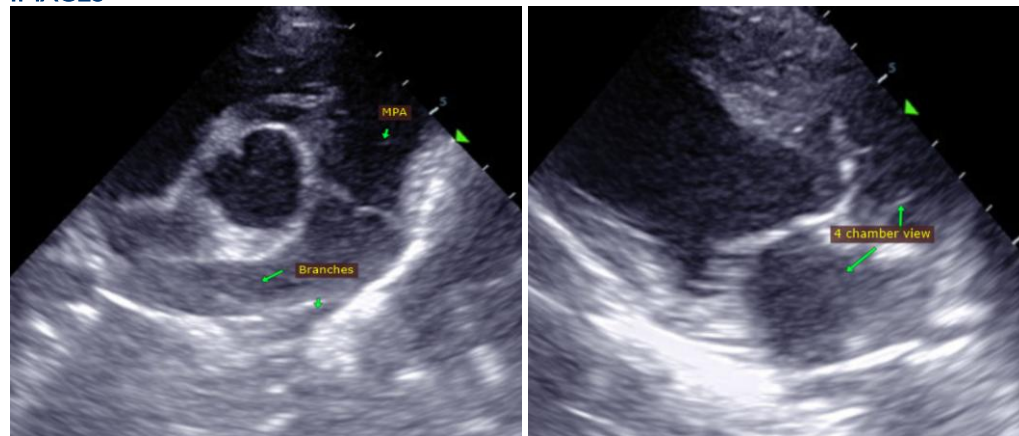
If treatment is successful, good chance for no long-term issues associated with HW disease (cough, pulmonary hypertension, pulmonary damage, etc.) given a normal cardiac structure and lack of clinical signs.

## PLAN

Full systemic screening is advised. AUS, CXR review, etc. should all be considered. Continued treatment of heartworm disease as dictated by the American Heartworm Society website.

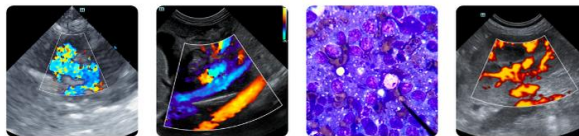
Follow up echocardiography is only necessary if clinical signs of cardiac disease develop.

## 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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