



PATIENT

Bentley Haines

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

9.5 years

WEIGHT

82.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amy Alivernini, VMD

HOSPITAL NAME

Gilbertsville Veterinary
Hospital

REFERRING VET

Dr. Amy Alivernini

INVOICE

46847

DATE

2/16/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. CBC/chem/T4 WNL BP: 108mmHg systolic.

-ECG (Idexx): NSR with VPCs.

-Current medications: Spironolactone 50mg BID, Benazepril 20mg BID, Furosemide 40mg BID, Pimobendan 10mg BID, Taurine 2000mg/day, Simparica Trio.

-Pertinent previous echo findings (8/2025 MML): DCM. LV: 7.3/6.5, FS: 11%, LA: 4.8, LA/AO: 2.1. Mild RHE. VPCs noted.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve appears mildly thickened, with no obvious prolapse into the left atrial lumen. Mild central MR. Severe left atrial dilation. Severe LV dilation with increased sphericity and significant decline in myocardial function. Decreased LV wall thickness. The tricuspid valve appears mildly thickened in form and function. Mild RA/RV dilation. No TR. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity with laminar flow. No aortic insufficiency. Normal pulmonic valve with no pulmonic insufficiency seen. No pericardial or pleural effusion seen. No obvious cardiac tumors. VPCs throughout (single-lead ECG attached).

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	NM	NA	NM	2.0	15	31	2.0
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	140	1.5	1.0	37.4	4.2	7.7	6.5
*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

Compared to the prior study, findings are similar. Significant four chamber enlargement persists with significant LV dysfunction. That being said, there is no obvious progression identified. VPCs persists with follow up should be dictated by the ECG report.



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Given these findings, full cardiac support should be continued going forward. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF in the future. Monitor for development of a murmur, cough, labored breathing, exercise intolerance or collapse episodes.

Prognosis remains poor long-term; however, it is encouraging that the patient is doing well at home. There will always be a risk for development of recurrent congestive heart failure, malignant arrhythmias (AF, VT), collapse and/or sudden death in the future.

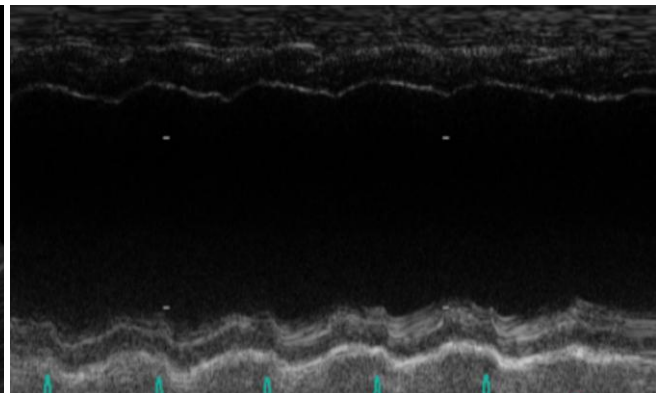
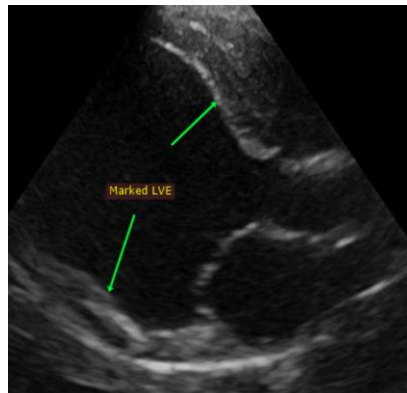
PLAN

Continue four medications as previously described. Continue Taurine as prescribed. Follow up for the arrhythmia should be dictated by the ECG report.

A renal panel, BP and ECG are recommended every 3-4 months lifelong to ensure tolerance of medications.

A recheck echocardiogram is recommended in 6 months, sooner if a murmur develops or any signs of cardiac disease are noted.

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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