



**PATIENT**

Rose Medina

**SPECIES**

Canine

**BREED**

Bull Terrier

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

57.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

G. Ferrer, DVM

**HOSPITAL NAME**

Pulse: Pet Ultrasound  
Services

**REFERRING VET**

Dr. Hernandez

**INVOICE**

46843

**DATE**

2/16/26

**PRESENTING CLINICAL SIGNS**

History: Presented due to heartworm positive. History of cough but owner indicates that the coughing has stopped since starting on Prednisone and Doxycycline. No exercise intolerance, lethargy or inappetence reported.

-CXR report: right-sided cardiomegaly. Prominent pulmonary artery.

**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 is mildly dilated; the 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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	NA	NA	NM	1.3	36	65	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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	100	1.2	0.9	26.2	2.6	4.4	2.9
<b>*Normal chamber parameters expressed as a mean value (SD)</b>				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)
<b>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</b>				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 right heart and MPA are prominent, which may be indicative of early pulmonary hypertension. This does not however require therapy. The branches appear normal, and there are no obvious



## PATIENT

Rose Medina

## SPECIES

Canine

## BREED

Bull Terrier

## SEX

Female Spayed

## AGE

12 years

## WEIGHT

57.8lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

G. Ferrer, DVM

## HOSPITAL NAME

Pulse: Pet Ultrasound  
Services

## REFERRING VET

Dr. Hernandez

## INVOICE

46843

## DATE

2/16/26

adult worms seen. It is very important to understand that this is not considered an extensive evaluation of the distal branches and adult worms are easily missed. Even with the best visualization, ultrasound is not 100% sensitive for finding adult worms, although suspicion is relatively low in a dog with only mild MPA dilation.

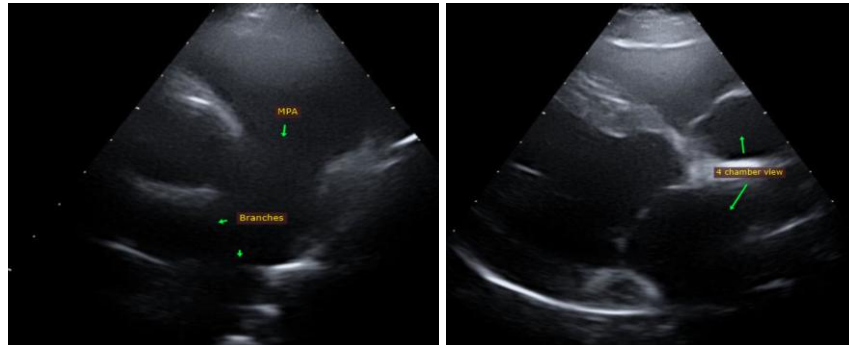
There is no obvious contraindication for Immiticide therapy with a presumably low adult worm burden based upon what is seen here. Confirming the diagnosis followed by the split immiticide protocol is recommended as dictated by the American Heartworm Society ([www.heartwormsociety.org](http://www.heartwormsociety.org)), including 30 days of doxycycline and monthly Ivermectin. Strict cage rest required at least until 4-6 weeks following the final treatment.

The 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.

Follow up echocardiography is only necessary if clinical signs of cardiac disease develop (murmur, cough, fainting, etc.).

## 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