



**PATIENT**

Whinney Paul

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Female Spayed

**AGE**

8 years

**WEIGHT**

73lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Julia Bakker, DVM

**HOSPITAL NAME**

Orange Blossom  
Veterinary Imaging

**REFERRING VET**

Dr. Villarreal

**INVOICE**

46897

**DATE**

2/18/26

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. On Vetmedin 0.3mg/kg BID.  
-Pertinent previous echo findings (7/2025 Ultramobile): DCM. LV: 4.9/3.7, FS: 26%, LA/AO: 1.4.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild MV thickening with no prolapse into the left atrial lumen. No obvious mitral regurgitation with a normal left atrial dimension. The LV is normal in systole and diastole (LVIDdN: 1.54, LVIDsN: 1.03) with borderline myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and mildly elevated aortic outflow velocities with laminar flow. No obvious aortic and mild pulmonic insufficiency. 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)
<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	28	50	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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	NM	2.0	1.2	33.1	3.1	4.3	3.1
*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 dimensions and function, with borderline LV function and no dilation of the left heart. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension. The aortic outflow velocity is mildly elevated, which may contribute to genesis of a heart murmur. No additional issues are seen.

In hindsight it is difficult to know if this patient has simply improved on Pimobendan or if the initial results were over interpreted. Without seeing a full study, this differentiation cannot be



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made. The good news is that the patient is doing well at home and it may reasonable to simply continue Pimobendan. An alternative approach would be to discontinue the medication and reassess in the future. Syncope was noted at the initial evaluation, which is of unknown significance.

No additional medications are indicated and the prognosis is open from a cardiac standpoint.

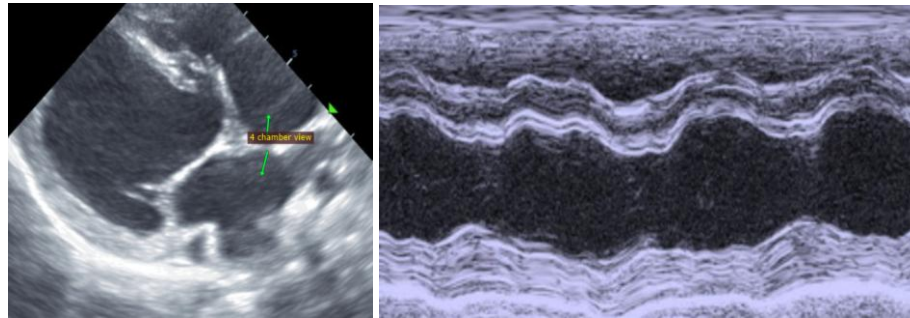
Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

## PLAN

Consider continue Pimobendan versus discontinue Pimobendan as discussed.

A recheck echocardiogram is recommended in 6-12 months, sooner if clinical signs arise in the interim.

## 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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