



**PATIENT**

Pip Panenka

**SPECIES**

Canine

**BREED**

Spaniel Mix

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

36.2lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

S. Barthelemy, DVM

**HOSPITAL NAME**

Southpointe Pet  
Hospital

**REFERRING VET**

Dr. James

**INVOICE**

46700

**DATE**

2/4/26

**PRESENTING CLINICAL SIGNS**

History: Recheck echo – diagnosed with PS and mild MR in 2017 (PV max: 22mmHg). Doing well. Grade 3/6 heart murmur. Assess prior to anesthesia.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trace eccentric mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Borderline velocity. Mild right heart prominence. The pulmonic valve appears mildly thickened consistent with valvular stenosis. Mildly elevated velocity through the region consistent with pulmonic stenosis. The aortic valve is normal in morphology and mobility. Normal aortic outflow velocities with laminar flow. No obvious aortic and mild to moderate 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>	NM	2.8	1.1	1.3	32	60	0.2
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	1.4	2.1	16.4	1.8	2.9	1.8
*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**

Chronic degenerative valve disease causing trace mitral and mild tricuspid regurgitation is identified. The LA is normal, indicating low risk for complication at this time. Mild pulmonic stenosis is also noted, as was diagnosed previously. The right heart/MPA appear minimally affected, suggesting this is hemodynamically insignificant. No additional issues are noted in this study.



## PATIENT

Pip Panenka

## SPECIES

Canine

## BREED

Spaniel Mix

## SEX

Male Neutered

## AGE

10 years

## WEIGHT

36.2lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

S. Barthelemy, DVM

## HOSPITAL NAME

Southpointe Pet  
Hospital

## REFERRING VET

Dr. James

## INVOICE

46700

## DATE

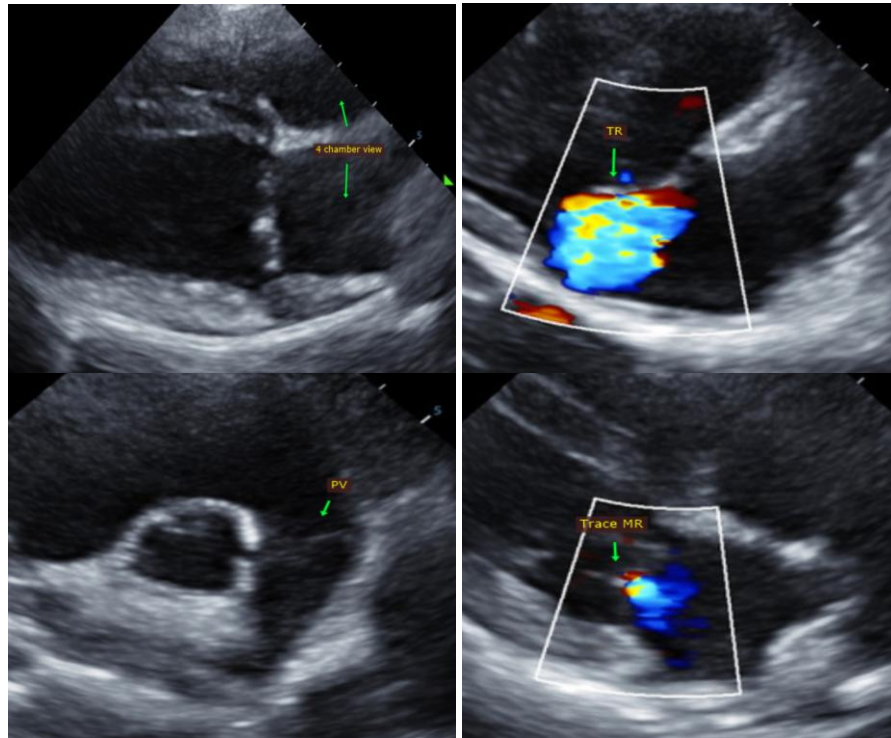
2/4/26

Given these findings, no cardiac medications are clearly indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. **Avoid heart rate stimulating drugs such as atropine unless clinically indicated.**

Recommend conservative monitoring with a recheck echocardiogram in 6-12 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



## PATIENT

or if I can be of any further assistance, please contact me.

Pip Panenka

**Maggie Machen Lamy, DVM**

## SPECIES

**Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**

Canine

info@sonopath.com

## BREED

Spaniel Mix

## SEX

Male Neutered

## AGE

10 years

## WEIGHT

36.2lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

S. Barthelemy, DVM

## HOSPITAL NAME

Southpointe Pet  
Hospital

## REFERRING VET

Dr. James

## INVOICE

46700

## DATE

2/4/26