



PATIENT

Dexter Green

SPECIES

Canine

BREED

Boxer Mix

SEX

Male Neutered

AGE

9.3 years

WEIGHT

62.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Brandywine
Valley Veterinary
Hospital

REFERRING VET

Dr. Cafaro

INVOICE

47272

DATE

3/24/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. No heart murmur. BP: 142, 164, 163mmHg. Sedated with Gabapentin and Trazadone.

-Abnormal lab results (Jan 2026): CBC: mild lymphopenia, otherwise NSF - Chem: Alb 2.4 L, Glob 2.2 L, TP 4.6 L, normal LES, BUN 16-n, Cr 1.1-n, SDMA 14 (0-14)

-Pertinent previous echo findings (12/2025 BH): LV: 3.8/3.1, FS: 20%, LA/AO: 1.2.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trivial mitral regurgitation with a normal left atrial dimension. No LV dilation in systole or diastole with mild systolic dysfunction (LVIDdN: 1.27, LVIDsN: 0.91). The tricuspid valve appears normal with trace tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology; no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal LVOT and RVOT velocities. No aortic and trace 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)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	NM	NM	1.2	24	40	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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	120	1.3	0.8	28.4	2.2	3.4	2.6
*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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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

The only abnormality identified is mild LV dysfunction. The LV and LA are both normal for this body size, without LV dilation in systole nor diastole. Trace MR and TR are similar to previous, and no additional issues are seen.



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These findings may reflect improvement compared to the prior evaluation; however, interobserver variability must also be considered. What is seen here in my opinion is relatively mild (both exams) and may not warrant long-term therapy. That being said, an improvement on Pimobendan can be seen and may also be contributing. If the patient is doing well, reasonable to continue the medications going forward.

Monitor for development of a progressive heart murmur, cough, labored breathing, exercise intolerance or collapse episodes. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

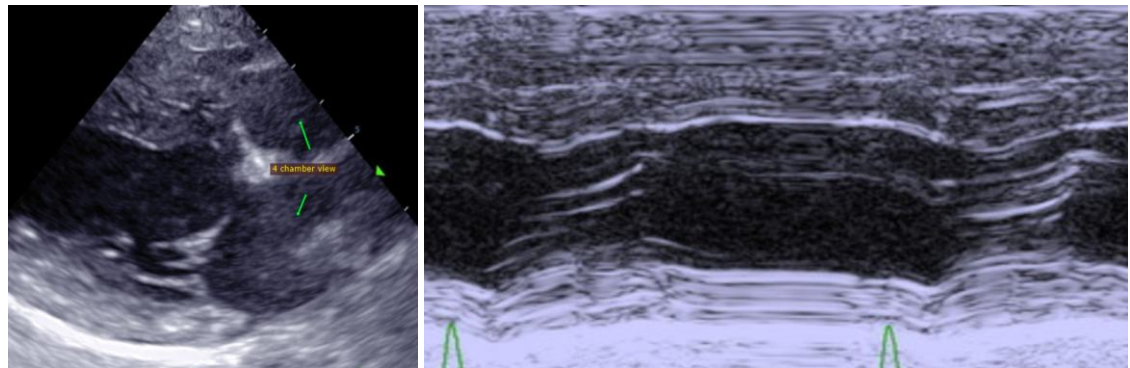
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively 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. Avoid alpha 2 agonists such as Dexdomitor.

PLAN

Reasonable to continue Pimobendan and Enalapril as prescribed.

Recommend conservative monitoring with a recheck echocardiogram in 6-9 months, sooner if any development of clinical signs or a heart murmur.

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)

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