

PATIENT

Olive Pollard

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

10 years

WEIGHT

4.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Clements Ferry
Veterinary

REFERRING VET

Dr. James

INVOICE

47147

DATE

3/9/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Recent lethargy; no cough. On Pimobendan and Enalapril.
-Pertinent previous echo finding (3/2025 MML): CVD B1 mild to moderate PH. Moderate MR, mild LAE, small LV, mild RHE, moderate TR: 3.5m/s. On Pimobendan and Enalapril.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Mild cardiomegaly. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 20mm/mV. The underlying rhythm is sinus in origin. Sequential sinus beats are rare; however, the estimated heart rate is 166bpm. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. Frequent VPCs throughout. The majority of the tracing is ventricular bigeminy with every other beat a VPC. The VPCs are monomorphic, singles only. No APCs are seen.
ECG diagnosis: Normal sinus rhythm with ventricular bigeminy.

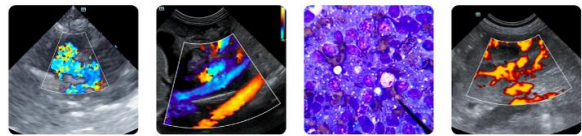
ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is thickened with mild prolapse into the left atrial lumen. There is moderate mitral regurgitation present. There is mild left atrial enlargement. Normal LV with adequate function. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. No AI. The main pulmonary artery is prominent. Mild right atrial and right ventricular dilation (subjective). The tricuspid valve is mildly thickened with marked prolapse and moderate tricuspid regurgitation. Velocity consistent with moderate progressive pulmonary hypertension. Trace PI. Normal LVOT/RVOT velocities. No pericardial/pleural effusion or cardiac masses are 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)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.0	4.1	1.5	4.5	60	90	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	NM	1.7	1.0	1.9	1.5	1.8	0.8
*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)

Adapted from June Boon, Veterinary Echocardiography, 1998



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Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435	35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Hansson et al, Vet Rad and Ultrasound 2002	40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
Bonagura et al. Echocardiography: principles of interpretation, Vet	50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

From a structural standpoint, the findings are similar. Moderate MR and TR are similar to previous without progressive LA dilation.

BREED

Chihuahua

The ECG is concerning with development of frequent VPCs. These are unexpected in an asymptomatic dog and further workup is advised. While this patient does have underlying structural disease, the findings are only progressed from the prior evaluation. Full systemic workup may be beneficial. Additionally, we must decide if treatment is warranted. Given that the patient is asymptomatic at home and the breed generally has low risk for sudden death, I would not utilize an antiarrhythmic at this time. Ideally, a holter monitor should be applied for further evaluation.

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Given these findings, institution of Sildenafil may be reasonable in this case. This is in addition to the current medications. Prognosis is guarded.

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Anesthesia is not advised.

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(Cardiology)

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for acute progression of the cough, labored breathing, exercise intolerance or collapse episodes in the future. Patient will always be at risk for recurrent CHF, development of arrhythmias/syncope, progressive pulmonary hypertension in the future. Close monitoring is advised.

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PLAN

Continue Pimobendan and Enalapril as previously described. Institute Sildenafil 1-2mg/kg PO q12h. Consider a holter monitor and systemic screening as discussed.

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Monitor renal values, ECG and BP every 3-4 months lifelong on diuretics.

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Recheck: Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of associated clinical signs occurs in the interim.

INVOICE

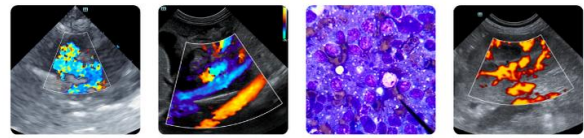
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IMAGES



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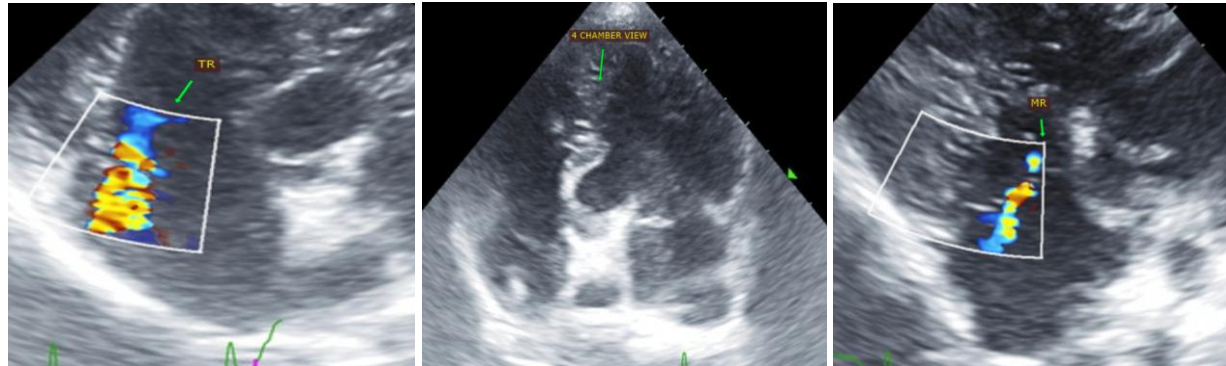
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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