



PATIENT

Hank O'Meara

SPECIES

Canine

BREED

Catahula Leopard Mix

SEX

Male Neutered

AGE

11 years

WEIGHT

79.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Animal Health
Associates

REFERRING VET

Dr. Hoffman

INVOICE

47519

DATE

4/10/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 3/6 heart murmur. Elevated BNP (9/2025): 2503. On Vetmedin 10mg 1-tab q12h. Sedated with Torb.

-Pertinent previous echo findings (10/2025 MML): CVD B2 versus DCM. Moderate MR, no LAE, LVE with dysfunction. LV: 5.3/4.3, FS: 19%, trace TR: 2.6m/s.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 20mm/mV. The average heart rate is 80bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.

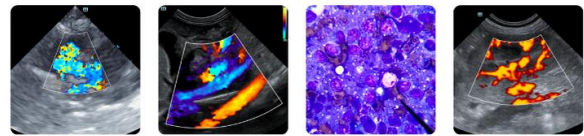
ECG diagnosis: Sinus bradycardia with respiratory variation.

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. Mild central mitral regurgitation with no significant left atrial dilation. Normal MR velocity. Mild LV dilation in both systole and diastole (LVIDdN 1.78, LVIDsN 1.36) with moderate myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or 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	4.5	NM	1.0	1.3	18	33	0.66
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	0.9	36.1	3.5	5.1	4.2
*Normal chamber parameters expressed as a mean value				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)
Adapted from June Boon, Veterinary Echocardiography, 1998 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435 Hansson et al, Vet Rad and Ultrasound 2002				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)



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Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995	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

Compared to the prior study, findings are similar which is good news. The previous LV dilation and dysfunction are unchanged and the LA remains normal. Mild MR persists; however, is comparatively insignificant. No additional issues are seen. The ECG is normal with a sinus bradycardia.

Given what is seen here, continue Pimobendan going forward. No obvious need for additional medications at this time.

Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to screen for progression in the future. Mild activity restriction is advised. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

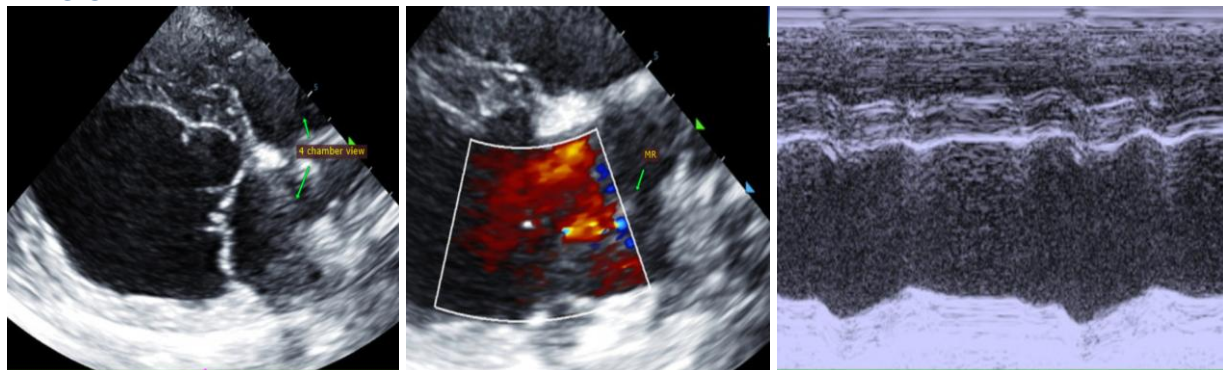
Anesthetic risk is considered moderate if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and 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 in this case.

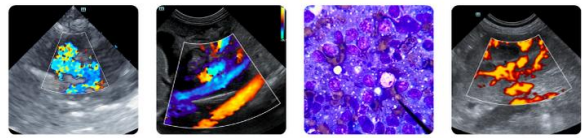
PLAN:

Continue Pimobendan 0.3mg/kg PO q12h. Screening BP is recommended every 6 months. Consider a Taurine supplement 1000mg PO q12h.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if clinical signs arise.

IMAGES





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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
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