



PATIENT

Skeeter Swenson

SPECIES

Canine

BREED

Springer Spaniel

SEX

Male Neutered

AGE

11.8 years

WEIGHT

65lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessie Evoniuk, DVM

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Casa-Dolz

INVOICE

46426

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. On Pimobendan. Assess prior to anesthesia.

-Pertinent previous echo findings (6/2024 MML): DCM versus CVD B2. LA: 4.2, LA/AO: 1.75, LV: 5.7/4.7, FS: 19%. Arrythmia noted at that time and an was ECG recommended.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Moderate left ventricular dilation in both systole and diastole (LVIDdN: 2.13, LVIDsN: 1.64) with moderately depressed myocardial function. Moderate left atrial enlargement. The mitral valve appears mildly thickened, with no obvious prolapse into the left atrial lumen. Moderate to severe eccentric mitral regurgitation. Normal velocity. The tricuspid valve appears normal in form and function. Mild TR. Mild right atrial or ventricular dilation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity. No aortic insufficiency. Normal pulmonic valve with no pulmonic insufficiency seen. No pericardial or pleural effusion noted. No obvious cardiac tumors.

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	NM	1.7	17	34	NM
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	1.8	1.0	29.5	4.0	5.8	4.8
*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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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

Findings are actually quite similar to the prior evaluation. The degree of MR is significant and slightly progressed; however, the LA and LV dimensions are unchanged. Moderate LV dysfunction persists similar to previous. No additional issues are readily apparent. An ECG remains recommended, particularly prior to anesthesia in this case.

Given these findings, cardiac support is recommended as described in the previous report. This includes Pimobendan, Taurine and ACE-I pending BP assessment. Prognosis remains guarded long-term with risk for progression to CHF, malignant arrhythmias and/or sudden death in the future.



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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.

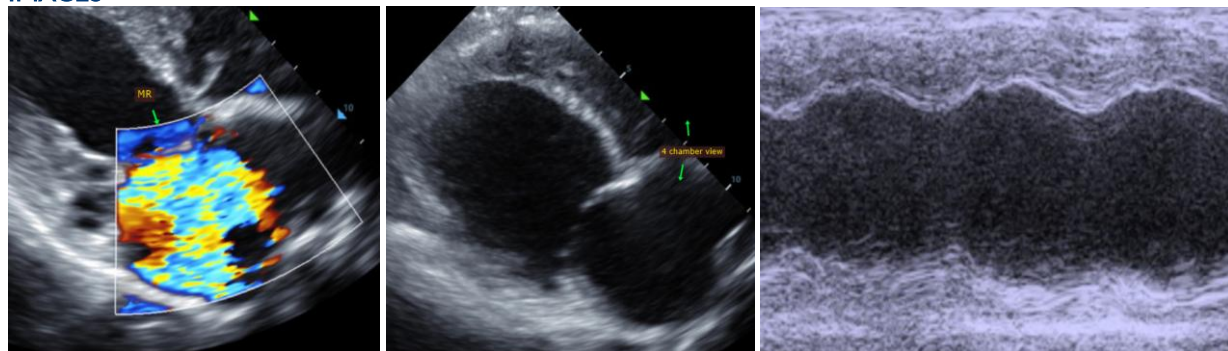
Anesthesia remains moderately elevated pending ECG assessment. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia 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. Certainly, avoiding Dexdomitor and similar Alpha-2 agonists is recommended.

PLAN:

Baseline ECG and BP recommended with screening every 6 months. Continue Pimobendan 0.3mg/kg PO q12h. Screening BP is recommended, if >150mmHg, institute ACE-I 0.5mg/kg PO q12h. 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



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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