



**PATIENT**

Angel Meunier

**SPECIES**

Canine

**BREED**

Bichon Mix

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

22.6lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

Creditview Ellington  
Animal Hospital

**REFERRING VET**

Dr. Ghobrial

**INVOICE**

46435

**DATE**

1/14/26

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Progressive cough. Unable to sleep at night. Grade 4-5/6 heart murmur.

-Current medications: Increased Spironolactone to ¾ tab PO q12h, Vetmedin 2.5mg: 1 pill BID, Hydrocodone 0.2mg/kg: 2ml BID, Gabapentin 100mg: 1 pill before bed.

-Pertinent previous echo findings (8/2025 MML): CVD stage late B2. Severe MR, moderate LA/LVE, trace TR. LA: 2.8, LV: 3.9

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with minimal prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened with trace tricuspid regurgitation. Right heart is normal. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac tumors observed.

**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	5.7		1.8	2.2	59	90	0.3
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	90	1.4	1.2	10.3	3.3	3.9	1.6
*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)
*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**

Compared to the prior report there is evidence of progression in LA dilation. The chamber is now severely enlarged with severe persistent MR. The LV is similar to previous, and no additional issues are identified.

CXR should be obtained; however, given a reported cough/restlessness and the severity of the findings, **recommend use of Lasix at this juncture as below.** This is addition to Spironolactone and Pimobendan with an ACE-I, pending BP assessment. Prognosis is guarded to poor once CHF is diagnosed with an average survival time of <1 year. Cough suppression (up to q4-6 hours) may



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also be helpful for mechanical cough. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a worsening cough, labored breathing, exercise intolerance or collapse episodes. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Elective anesthesia is not advised.

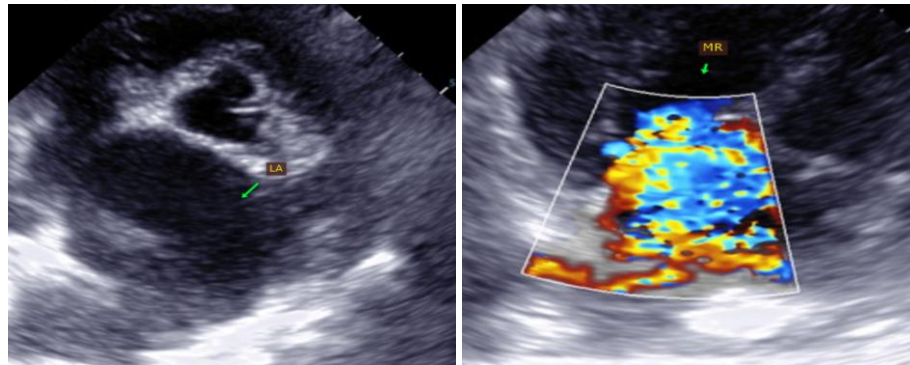
**PLAN**

Baseline BP and CXR are recommended. Continue Pimobendan 0.3mg/kg PO q12h. Continue Spironolactone 1-2mg/kg PO q12h. Institute Lasix 1-2 mg/kg PO q12h. Pending BP >130mmHg, institute ACE-I 0.5mg/kg PO q12h. Consider Hydrocodone if needed for QOL.

A renal panel and BP are recommended in 1-2 weeks then every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to screen 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.

**Maggie Machen Lamy, DVM**  
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