



PATIENT

Poogie Walker

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male Neutered

AGE

11 years

WEIGHT

11lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Donner Truckee
Veterinary Hospital

REFERRING VET

Dr. Vannini

INVOICE

46567

DATE

1/23/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Stable grade 3/6 heart murmur. Brief episode of vomiting, lethargy and inappetence 12/27/2026 otherwise doing well, drinking normal and urinating normal. Abdomen slightly distended appearance. On Trilostane. BP: 91/70 (54), 94/75 (82) then jumped to 183 systolic, 147/122 (131) and last reading 167/103 (119). Anxious dog (no sedation).
-Pertinent previous echo findings (6/2023 MML/LSJ): CVD B1. Mild MR, mild LAE, mild TR, mild PH: 3.2m/s.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 120bpm. 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: Normal sinus rhythm with respiratory variation.

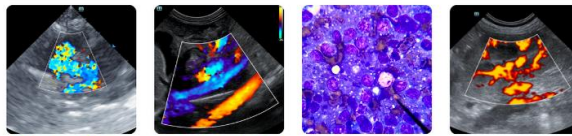
ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Elevated MR velocity. Mild LV dilation with adequate myocardial function. The tricuspid valve appears normal with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. 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. Mild aortic insufficiency. No 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	5.8	3.0	NM	1.6	51	84	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	130	1.7	1.1	5.0	2.3	3.1	1.5	
*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)
					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)

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



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with evidence of progression. Previously mild MR has advanced to moderate, with increasing left heart dimensions. The tricuspid leak is stable with unchanged pulmonary hypertension. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication; however, risk for progression to spontaneous congestive heart failure in the future is now elevated. Finally, the aortic insufficiency is increased slightly, and serial BP monitoring is advised. The values reported in the history are of little concern. No additional issues are seen and the ECG is normal.

Based upon these findings and the results of the EPIC trial, recommend institution of Pimobendan as below. Continued assessment of progression is recommended, with a guarded prognosis once in stage B2. Fifty percent of stage B2 patients typically develop CHF within 2-2.5 years of diagnosis. The median time to development of CHF in B2 cases treated with pimobendan is 3.5 years.

Patient may be at risk for development of CHF, arrhythmias, and/or sudden death going forward.

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

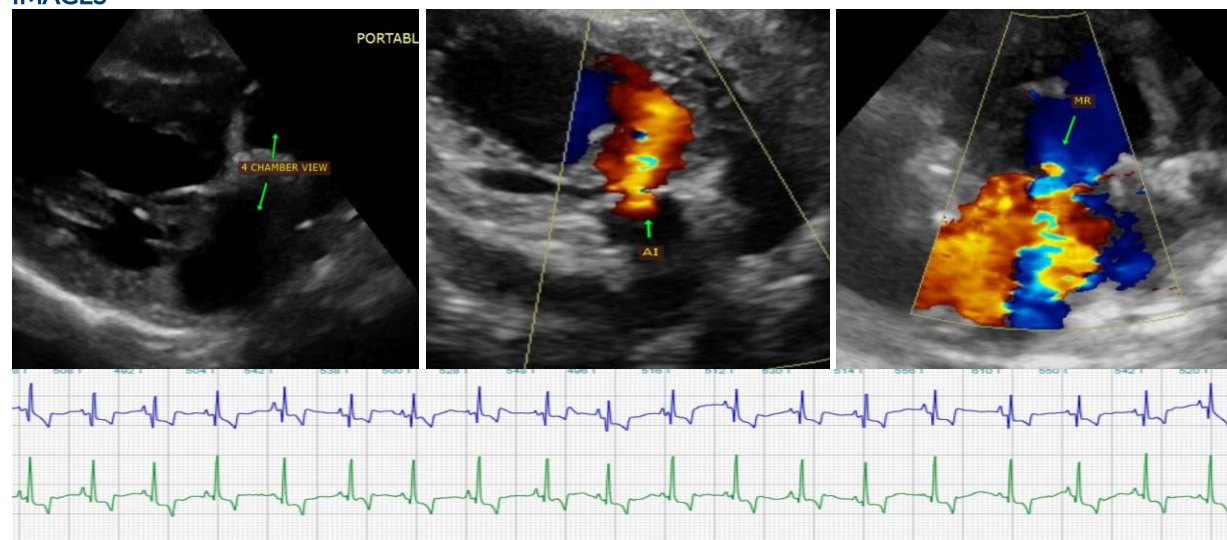
Once on the medication for 3-5 days, anesthetic risk remains mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

Baseline BP recommended every 6 months. Institute Pimobendan 0.25-0.3mg/kg PO q12h.

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

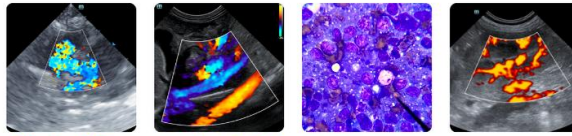
IMAGES



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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.

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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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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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