

PATIENT

Koby Rosario

SPECIES

Canine

BREED

Maltese

SEX

Male Neutered

AGE

11.10 years

WEIGHT

8.4lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Care Center of
 North Jersey

REFERRING VET

Dr. Andglaft

INVOICE

46607

DATE

1/28/26

PRESENTING CLINICAL SIGNS

History: Seen at ER on 1/22/26 for difficulty breathing and collapsed. Grade 4/6 heart murmur. CXR showed cardiomegaly and CHF.

-Current medications: Pimobendan 2.5mg 1/2 tab PO BID & Furosemide 12.5mg 1/2 tab PO TID.
 -Abnormal PE/Chem/CBC/UA Results: ALP 229, RBC 4, HCT 28.4, HGB 10.1, RDW 11.7, WBC 16.8, Neutro 12.47, Mono 1.26, PLT 624, Plateletcrit 0.8

ECHOCARDIOGRAM FINDINGS

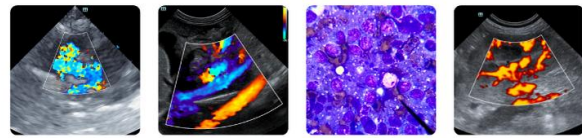
2D, m-mode, color flow and doppler imaging is available. Thickening of mitral valve leaflets with prolapse into the left atrial lumen. Moderate to severe mitral regurgitation with moderate left atrial dilation. Normal LV dimension with adequate myocardial function. The LV wall thicknesses are normal. The tricuspid valve appears thickened with septal prolapse and moderate TR. Velocity consistent with moderate pulmonary hypertension. Mild right atrial and ventricular dilation. The pulmonic valve is normal in morphology and mobility. The aortic valve appears thickened. Normal aortic and pulmonic outflow velocities with laminar flow. Mild MPA dilation. Trace aortic and 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 | 3.7 | 1.6 | 1.6 | 45 | 79 | 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 | 190 | 1.3 | 0.6 | 3.8 | 2.0 | 2.5 | 1.4 |
| *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

Chronic degenerative valve disease causing moderate to severe mitral and moderate tricuspid regurgitation is identified. Moderate left atrial enlargement indicates the risk for spontaneous congestive heart failure may be elevated in the future. Moderate pulmonary hypertension is also identified, which is likely due to a combination of chronic LA pressure elevation and airway disease. Finally, trace aortic insufficiency is noted and a baseline BP is recommended. No additional issues are identified.



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The history describes a combination of respiratory signs and syncope. CHF as well as respiratory disease are both possible in this case and it is often difficult to know which to treat in the acute phase. CHF is a radiographic diagnosis that can only be supported by ultrasound. Assuming a Radiologist confirmed the radiographic description, atypical CHF is certainly possible. That being said, we must consider response to therapy, repeat CXR results, etc. when determining if there is also a respiratory component. Regardless, continued Lasix therapy is recommended due to the complicated nature of the case. Pulmonary treatment using a broad-spectrum antibiotic in addition to Sildenafil is also recommended. See medication recommendations below.

Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home. Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates. The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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.

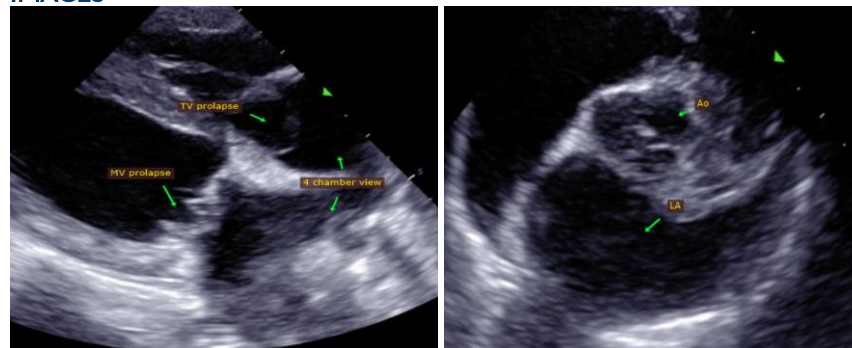
PLAN

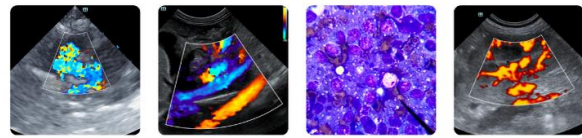
Consider response to therapy, repeat CXR results, etc. as discussed. Baseline BP recommended. Continue Furosemide 1-2mg/kg PO q12h. Consider coverage with board-spectrum antibiotic therapy depending on current clinical status. Continue Pimobendan 0.3mg/kg PO q12h. Institute Sildenafil 1-2mg/kg PO q12h.

Monitor SRRs at home. Monitor renal values and BP in 10-14 days, then every 3-4 months while on diuretics. Consider hydrocodone if needed for QOL. If BP is >130mmHg and renal values are normal, institute ACE-I 0.5mg/kg Po q12h.

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

IMAGES





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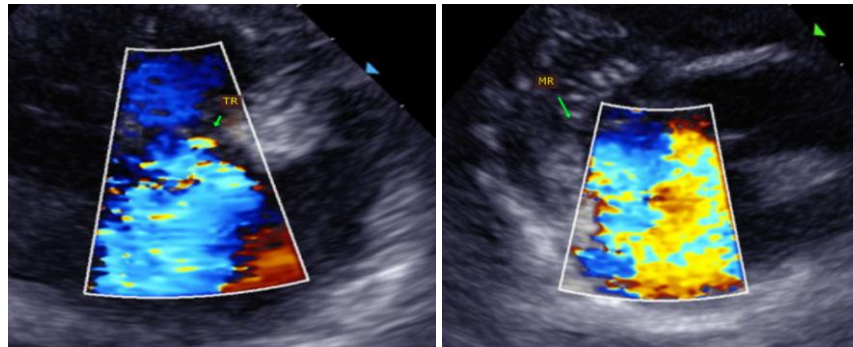
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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