



**PATIENT**

Odin Hurl

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

Male Neutered

**AGE**

11 years

**WEIGHT**

57lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Guhrun Gunther, DVM

**HOSPITAL NAME**

New Frontier Animal  
Medical Center

**REFERRING VET**

Dr. Gunther

**INVOICE**

46610

**DATE**

1/28/26

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Doing well. Labs: WNL.

-Pertinent previous echo findings (12/2023 MML): CVD B2. Moderate MR, moderate LAE, mild LVE. LA: 3.7, LV: 4.1. Recommend continue Pimobendan.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. Normal MR velocity. Moderately increased LV diameter with adequate myocardial function. The tricuspid valve appears subjectively normal, with trace tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter. 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 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	6.2	2.2	NM	2.2	45	90	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	1.5	0.9	25.9	4.4	5.1	2.8
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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 persists with evidence of progression. Moderate disease has progressed to severe with significant mitral regurgitation. Significant left atrial and ventricular enlargement indicate the risk for spontaneous congestive heart failure is elevated. Mild TR has also developed; however, pulmonary pressures appear normal. No additional issues are seen.

Given progression and severity of disease seen here, recommend additional medications including an ACE-I and Spironolactone for potential long-term benefit. This is independent of symptoms, which are not reported at this time. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.



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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. Long term prognosis is guarded with risk for development to CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Elective anesthesia is not advised, as there is high risk for complication.

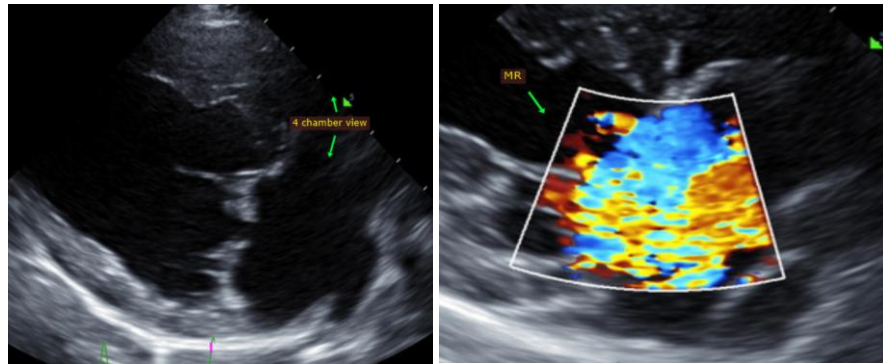
## PLAN

Continue Pimobendan 0.3mg/kg PO q12h. Institute Spironolactone 1-2mg/kg PO q12h. Baseline BP recommended. If >130mmHg, institute ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. Consider hydrocodone if needed for quality of life.

A renal panel is 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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