



PATIENT

Marty Pooh Lazo

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

11 years

WEIGHT

6.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Fairview Animal Clinic

REFERRING VET

Dr. Combie

INVOICE

45594

DATE

10/31/25

PRESENTING CLINICAL SIGNS

History: Patient goes to El Salvador for the winter, last winter was seen by rDVM then a cardiologist, diagnosed with heart disease, placed on Cardial B 2.5mg ¼ PO q24h (benazepril + spironolactone). A recheck echo was recommended in 6 months. Grade I/VI systolic heart murmur.

-Abnormal PE/Chem/CBC/UA Results: FRECUENCIA CARDIACA 260 ppm 80-140 ppm RITMO Sinusal Sinusal, Arritmia sinusal inspiratoria o Marcapaso atrial migratorio ONDA P 0.4 mV - 0.03 segs 0.4 mV / 0.04 segs INTERVALO P-R 0.09 segs 0.06 - 0.13 segs COMPLEJO QRS 0.9 mV / 0.02 segs <2.5 mV / 0.05 segs SEGMENTO ST +0.15 mV Elevación: hasta +0.15 mV; Depresión: < 0.2 mV INTERVALO Q-T 0.14 segs 0.15 - 0.25 segs ONDA T >25% Onda R Inferior al 25% de la onda R EEM +13° +40° a +100°.

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. Mild eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or 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	5.0	NA	1.1	1.4	36	68	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	95	1.0	0.8	3.1	1.3	1.8	1.2
*Normal chamber parameters expressed as a mean value (SD)							
BODY WEIGHT DEPENDENT PARAMETERS							
*Note: All measurements based upon multi-modal images and methods. An average value is reported.							
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							
	3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)			
	5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)			
	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)			

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study.



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Without a prior report it is difficult to make any specific comparisons. That being said, it is assumed that more significant disease was noted previously, given that Benazepril and Spironolactone are generally used for advanced disease. Referencing the prior report is recommended. Pimobendan is not clearly indicated prior to significant LA or LV dilation. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

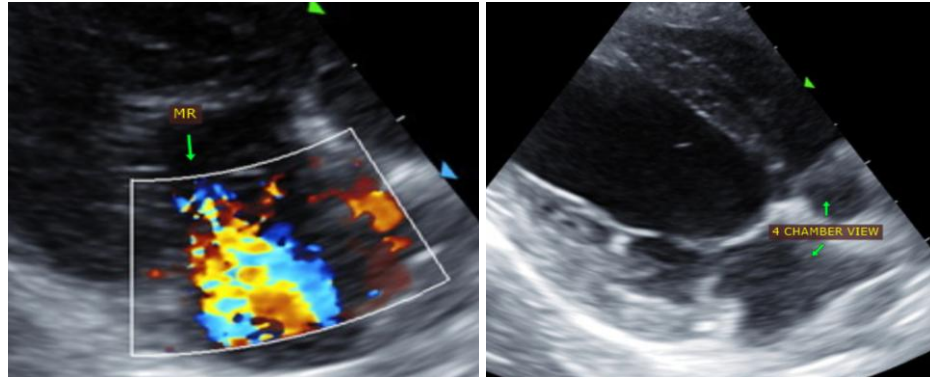
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively 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.

PLAN

Based upon mild disease seen here, no medications are indicated; however, the prior report should be referenced.

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

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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