



**PATIENT**

Mia Morales

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Female Spayed

**AGE**

13 years

**WEIGHT**

6.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

G. Ferrer, DVM

**HOSPITAL NAME**

Paseos Veterinary  
Center

**REFERRING VET**

Dr. Davila

**INVOICE**

26722

**DATE**

10/5/22

**PRESENTING CLINICAL SIGNS**

History: Patient was diagnosed with cardiac disease over a year ago (2021). Condition has progressed and medication adjust accordingly. Now presented with increased respiratory effort. Furosemide to TID until results arrive. Grade 5/6 heart murmur with increased respiratory effort.

-Current medication at the moment: Vetmedin (1.25mg) 1/2 tablet BID; Enalapril (2.5mg) 1/2 tablet BID; Furosemide (12.5mg) 1/2-tab BID.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. Normal MR velocity. Mild LV dilation with hyperdynamic myocardial function. The tricuspid valve appears thickened with septal prolapse and moderate TR. Velocity consistent with mild to moderate pulmonary hypertension. Mild right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal aortic and pulmonic outflow velocities with laminar flow. No AI/PI. 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	4.6	4.0	NM	2.8	48	90	0.37
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	220	0.6	0.8	3.1	2.6	2.9	1.5
*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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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**

The cause of the murmur is chronic degenerative valve disease causing severe mitral and moderate tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Mild to moderate pulmonary hypertension is noted, which is likely secondary to chronic LA pressure elevation. No additional issues are identified.



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In light of the severity of disease on echocardiogram, the diagnosis of congestive heart failure is supported, and continued medications are warranted lifelong as below. A recurrence in clinical signs may reflect recurrent CHF; however, the diagnosis should be based upon chest radiographs. Highly recommend repeat films to determine if more aggressive Lasix therapy is warranted. No obvious indication for Sildenafil at this time; however, if the patient experiences exertional syncope or dyspnea, this can also be utilized.

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.

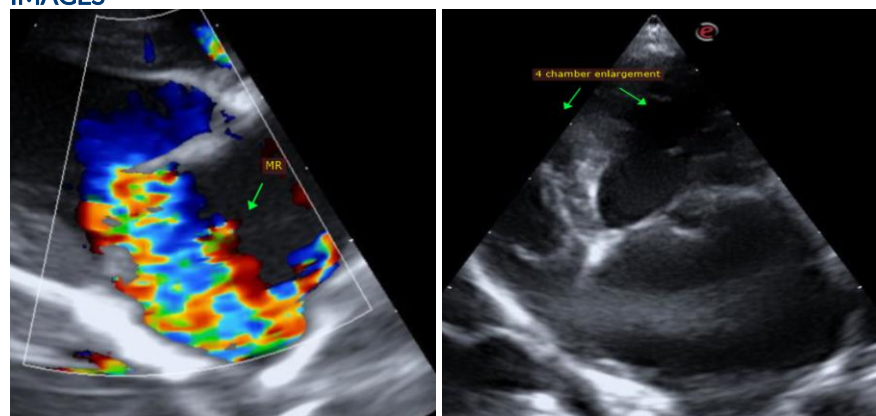
**PLAN**

Highly recommend repeat CXR to determine if more aggressive Lasix is warranted. If no CHF is present and the patient has responded to the dose increase, continue Furosemide TID as prescribed. Increase Pimobendan to 1.25mg PO q12h. Pending BP >130mmhg, continue ACE-I 0.5mg/kg PO q12h. Institute spironolactone 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 any exertional dyspnea or collapse, institute Sildenafil 1-2mg/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**





**PATIENT**

Mia Morales

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.

**SPECIES**

Canine

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.

**BREED**

Chihuahua

**Maggie Machen Lamy, DVM**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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