



PATIENT

Dexter Diaz

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

13lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Christensen, DVM

HOSPITAL NAME

Tranquility Veterinary
Clinic

REFERRING VET

Dr. Christensen

INVOICE

45731

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. Grade 5/6 heart murmur. Recent GI disease.

-Current medications: Furosemide 6.25mg BID, Vetmedin 1.875mg BID, Enalapril 2.5mg BID, Spironolactone 6.25mg BID.

-Pertinent previous echo findings (6/2025 MML): CVD Severe, stage C. Severe MR, severe LAE, dilated PV, LAE, mild to moderate TR: 2.5m/s.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and Doppler imaging are available. Diffuse thickening of mitral valve leaflets (anterior > posterior) with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. PV appear dilated as they enter the lumen. Borderline LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened, with mild to moderate tricuspid regurgitation. Normal velocity. Normal right heart. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No pulmonic or aortic 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	NM	2.5	NM	2.2	40	74	0.14
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	NM	1.4	1.3	5.9	2.0	3.0	1.8
*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

Compared to the prior study, findings are similar. Severe MR is unchanged with stable four chamber dimensions. No additional issues, such as pulmonary hypertension, have developed.

Given these findings, continue medications as previously described. Monitoring of sleeping breathing rates in the future will be paramount to determine the origin of any future cough. The average survival 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



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always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of renal values is recommended lifelong.

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.

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

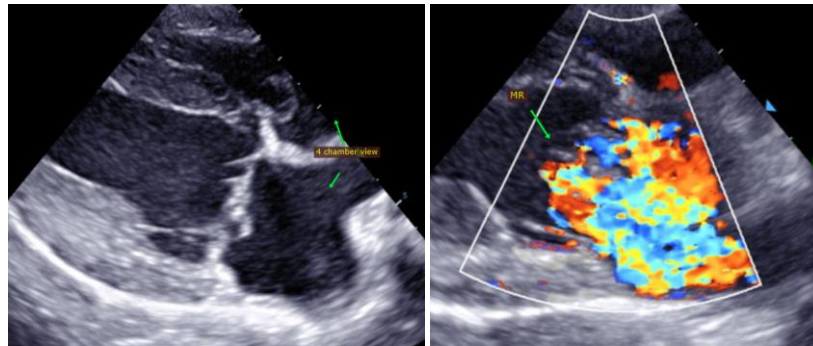
PLAN

Screening BP is recommended every 6 months. Continue Pimobendan 0.3mg/kg PO q12h. Continue Lasix 1mg/kg PO q12h. Continue Spironolactone 1-2mg/kg PO q12h. Continue ACE-I 0.5mg/kg PO q12h. Utilize Hydrocodone if needed for QOL.

A renal panel and BP are recommended every 3-4 months on diuretics to ensure tolerance of medications.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise in the interim.

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.

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