



DATE PRESENTING CLINICAL SIGNS

11.17.25 History: Recheck echo. Grade 3-4/6 heart murmur.
-Current medications: HYDROCODONE 5MG TAB, VETMEDIN 2.5MG TAB, URSODIOL 250MG TAB.
-Sedation used: Not required to complete full diagnostic ultrasound.

PATIENT

Sophie Jordan -Pertinent previous ultrasound results (5/2025 MML): CVD severe, stage late B2. Severe MR, severe LAE, moderate LVE, moderate TR, moderate PAH: 3.8m/s. LA: 3.7, LV: 4.6.
-STAT: Declined at this time.
-Imaging performed by: Stephanie Warga RDCS, RVT.

SPECIES

Canine

BREED

Pekingese Mix

SEX

FS

AGE

9.22.13

WEIGHT

22.2lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Menefee

INVOICE

45774

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. Marked eccentric mitral regurgitation with marked left atrial dilation. Normal MR velocity. The PV appear dilated as they enter the lumen. Moderate LV dilation with hyperdynamic myocardial function. The tricuspid valve appears normal with moderate tricuspid regurgitation. Velocity consistent with severe pulmonary hypertension. Normal right atrial and ventricular diameter and morphology. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic insufficiency. Mild pulmonic insufficiency; elevated velocity. Scant pericardial and no 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	4.6	NM	2.4	42	73	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	170	1.4	0.8	10.1	4.0	4.9	2.8
*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)
				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)

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Severe disease persist with continued progression. The MR is now marked with marked LA and LV enlargement. Pulmonary pressures have also increased to severe, which is highly concerning. Finally, scant pericardial effusion is noted, which is likely secondary to early CHF. No additional issues are seen.

Given these findings, full cardiac support is now indicated as below, including diuretic therapy. Sildenafil is maybe unnecessary; however, should any exertional syncope develop in the future this can be added at that time. It is encouraging that the patient has no clinical issues; however, this is recommendation regardless. Prognosis is guarded to poor once CHF develops (stage C) with risk for recurrent CHF, arrhythmias, and/or sudden death going forward.

Prognosis is guarded long-term (stage late B2) with risk for development of CHF, arrhythmias, and/or sudden death going forward.

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

Anesthesia is not advised.

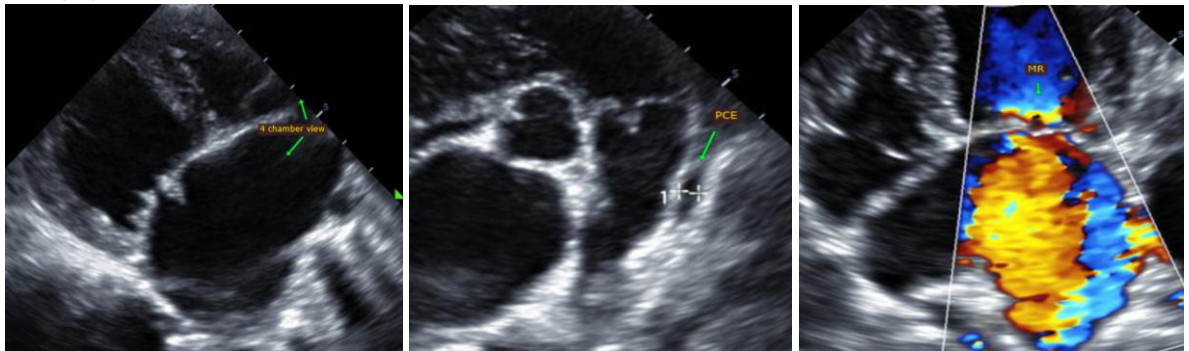
PLAN

Baseline BP recommended every 6 months. Continue Pimobendan 0.25-0.3mg/kg PO q12h. Institute ACE-I 0.5mg/kg PO q12h. Institute Spironolactone 1-2mg/kg PO q12h. Institute Lasix 1-2mg/kg PO q12h.

Monitor renal values and BP in 1-2 weeks, then every 3-4 months lifelong. If exertional syncope or signs of PAH develop, Sildenafil can be added.

Recommend monitor for progression 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com**