



PATIENT

Hextall Yeulet

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

13.10 years

WEIGHT

63.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sammi Fuller, DVM

HOSPITAL NAME

Hart Family VC

REFERRING VET

Dr. Fuller

INVOICE

45844

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Worsening cough; prescribed cough suppressant which didn't help. Recent CXR showed cardiomegaly and concerning for CHF. Started on Furosemide 80mg PO BID and Hydrocodone 0.2mg/kg PO BID. Repeat CXR were recommended. Cough has improved since starting on furosemide -Abnormal PE/Chem/CBC/UA Results: No murmur, no arrhythmia auscultated. BW NSF on CBC, Chem 12. ECG during echo was normal.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Mild cardiomegaly.

ECHOCARDIOGRAM FINDINGS

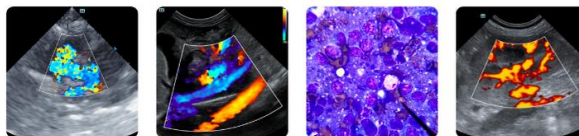
2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with no prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation (LA:Ao >1.6). Normal MR velocity. Mildly increased LV diameter with mildly depressed myocardial function. The tricuspid valve appears mildly thickened, with trace tricuspid regurgitation. 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 and trace 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	4.8	NM	NM	1.7	23	40	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	NM	0.8	0.6	29.0	3.8	4.7	3.6
*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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing moderate mitral and trace tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication; however, risk for progression to spontaneous congestive heart failure in the future is elevated. The LV function is depressed, which is common in large breed dogs with valve disease. That



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being said, additional issues should be considered, such as an atypical diet or hypothyroidism. No additional issues such as pulmonary hypertension are identified.

Given the risk for progression and results of the EPIC trial, Pimobendan is indicated in this patient as below. Assessment of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (B2). Fifty percent of stage B2 patients typically develop CHF within 2-2.5 years of diagnosis. The median time to development of CHF in B2 cases treated with pimobendan is 3.5 years.

I am not convinced that the included CXR are consistent with CHF; however, if the patient responded to diuretics, this may be the diagnosis. **Highly recommend repeat films, as were recommended for follow up evaluation.** While mainstem bronchi compression may certainly be contributing to an increase in coughing, other primary airway contributions should also be considered (tracheal collapse, COPD/chronic bronchitis, etc.). Continue Hydrocodone for any mechanical component due to cardiomegaly. If the cough is poorly controlled and/or progresses long term, pulmonary hypertension (PAH) can develop secondarily. Signs of clinically relevant PAH include exertional dyspnea or exertional syncope. It is important to note that PAH does not cause the cough; rather, the cough leads to PAH.

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 due to the clinical history.

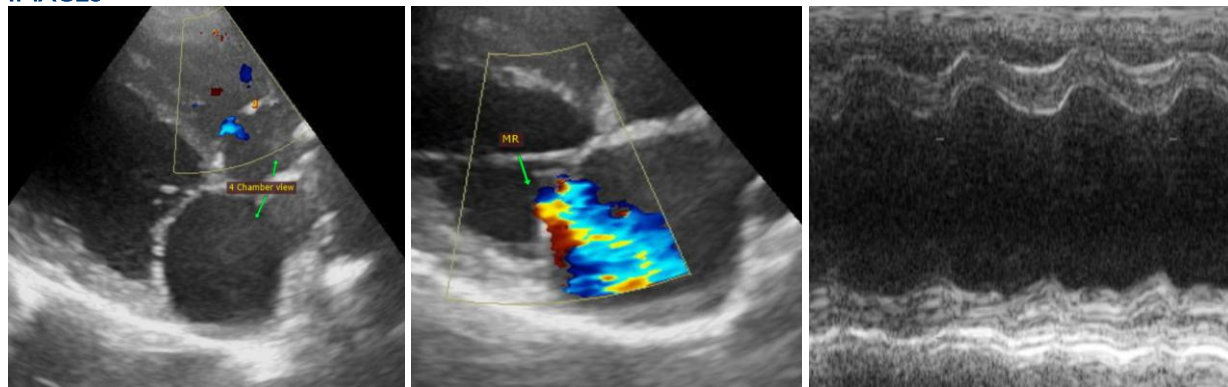
PLAN

Institute heart muscle support Pimobendan 0.3mg/kg PO q12h. Baseline BP recommended. Continue Hydrocodone and/or further cough evaluation as indicated. Use of Lasix should be dictated upon the results of repeat CXR in comparison to the initial films.

If Lasix is continued, renal values and BP should be monitored every 3-4 months lifelong.

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of additional clinical signs in the interim.

IMAGES





PATIENT

Hextall Yeulet

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

Labrador Retriever

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

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