



PATIENT

Mini Hanley

SPECIES

Canine

BREED

Yorkie

SEX

Female Spayed

AGE

7 years

WEIGHT

7.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing
ER

INVOICE

45830

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: New heart murmur noted 2 weeks ago. Presented to ER for dyspnea. Owner thought she had a stroke; threw her body back and was rolling to get back to her feet (no convulsions, remained conscious). ER management: O2 (now 30%), Pimobendan 0.19mg/kg PO q12h, Furosemide 2mg/kg IV q6h, decreased to 1mg/kg IV q6h, now 2mg/kg PO q24h. BP: 143, 142, 144mmHg. Sedated with Torb. -Abnormal PE/Chem/CBC/UA Results: PCV/TS: 60% (prev 53%) / 7.8 (prev 6.4) - Hct 59% - EPOC: iCa 1.06 L, Cr 1.23, K 3.2 L, pH 7.46, BUN 24 - CBC: NSF - Chem: NSF. -CXR: Cardiomegaly with diffuse interstitial pattern

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Mild LV dilation with hyperdynamic myocardial function. The tricuspid valve appears subjectively normal, with no tricuspid regurgitation. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic outflow velocities. No aortic or 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	5.5	NA	NM	1.7	60	91	0.1
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	120	1.1	0.8	3.2	1.7	2.6	1.0
*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 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 is only slightly enlarged, which is unexpected given the history. A ruptured chordae tendinae is not visualized; however, these are not always apparent on 2D ultrasound. No additional issues are identified.



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This patient was recently diagnosed with CHF, which is a clinical and radiographic diagnosis that can only be supported by ultrasound. Moderate disease typically suggests CHF is unlikely; however, if the patient responded to diuretic therapy, then this is the presumed diagnosis. If there is any question, a Radiologist review of both previous and current films should be obtained. CHF in a 7-year-old dog, that is also predisposed to airway disease, is possible; however, the diagnosis should be confirmed.

An acute episode is not clearly explained either in this case. A PTE is possible depending on the appearance of the CXR.

If CHF is diagnosed, prognosis is poor long-term with an average survival time of <1 year. Patient will always be at risk for recurrent CHF, malignant 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.

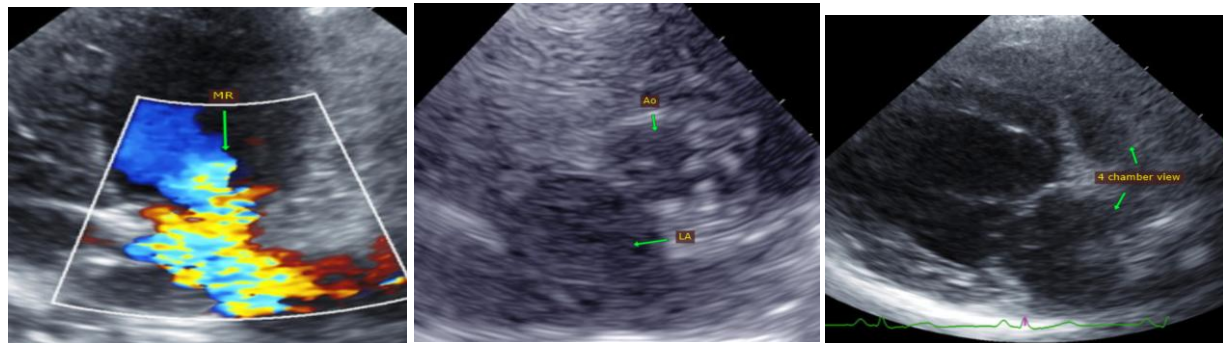
PLAN

Highly recommend a Radiologist review of the serial films to determine if CHF is most likely. If so, continue Lasix 1-2mg/kg PO q12h. Regardless, continue Pimobendan 0.3mg/kg PO q12h.

Monitor renal values and BP in 1-2 weeks, then every 3-4 months lifelong. If doing well and BP >130mmHg, institute ACE-I 0.5mg/kg PO q12h.

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
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