



PATIENT

Marley Ramirez

SPECIES

Canine

BREED

Standard Poodle

SEX

Male Neutered

AGE

3 years

WEIGHT

46lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound
Services

REFERRING VET

Dr. Matos

INVOICE

45882

DATE

11/21/25

PRESENTING CLINICAL SIGNS

History: Presented for coughing and tachycardia. Symptoms started 10 days ago, O noticed pt breathing unusual, took to rDVM on PE pt is BAR but with tachypnea and tachycardia. Auscultation hard to hear due to resp congestion, noticed gallop rhythm. Sent home with Vetmedin 5mg, Furosemide 20mg, Doxycycline 100mg, and Metoclopramide 5mg. 7 days later pt is doing better with coughing but is now anorexic, O have noticed weight loss since symptoms started. BP: 116mmHg. On grain-free diet.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 5mm/mV. The average heart rate is 188bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive in lead II with tall R waves. MEA is normal. No ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus tachycardia. Tall R waves.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Marked left ventricular dilation with diminished systolic function. Decreased LV wall thickness with increased sphericity. Severe left atrial enlargement. The mitral valve appears normal in form and function, with no obvious prolapse into the left atrial lumen. Moderate central mitral regurgitation secondary to annular stretch. Decreased velocity. Mild tricuspid regurgitation. Moderate right atrial and ventricular dilation. TR velocity is decreased. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity. No aortic insufficiency. Normal pulmonic valve with no pulmonic insufficiency seen. Scant pericardial and no pleural effusion noted. No obvious cardiac tumors.

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	3.5	1.5	NM	2.8	18	36	2.7	
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	183	0.5	0.6	20.9	4.9	7.4	6.1	
*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



PATIENT

Marley Ramirez

SPECIES

Canine

BREED

Standard Poodle

SEX

Male Neutered

AGE

3 years

WEIGHT

46lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound
Services

REFERRING VET

Dr. Matos

INVOICE

45882

DATE

11/21/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, this patient has developed significant cardiomyopathy and systolic dysfunction. This is causing dilation and volume overload of both the left and right heart resulting in insufficiency of the mitral and tricuspid valves. The severity of dysfunction and pump failure is great, and the patient is in fulminant congestive heart failure. Even if able to be stabilized, patient will always be at risk for right and/or left-sided CHF, development of arrhythmias/syncope and/or sudden death going forward. The ECG is normal with a sinus tachycardia. This patient is at high risk for development of atrial fibrillation, and monitoring for this is advised.

Systolic failure can be primary in nature (DCM) or secondary to taurine deficiency, myocarditis, hypothyroidism, tachycardia-induced cardiomyopathy, or infiltrative disease such as lymphoma. Primary disease is unlikely in a 3yo dog, and the reported GF diet is of great concern. An immediate diet change should be pursued and a taurine supplement is recommended.

Regardless of cause, prognosis is guarded to poor at this stage in the disease process, with an average survival time of <6 months. The only treatable cause of systolic failure is diet/taurine deficiency, which is uncommon on commercially formulated dog foods. If the diet is of concern, highly recommend immediate diet change and taurine supplement regardless of blood taurine results. Please see the FDA website for more information.

Continued full cardiac supportive medications are recommended as below. Inappetence is of unknown origin; however, uncontrolled CHF may be culprit. Cases of systolic failure are at high risk for malignant tachyarrhythmias (such as VT or rapid AF) and sudden death, and this should be expressed to the owner. Activity restriction is advised.

Elective anesthesia is not advised due to high risk for complications.

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, worsening labored breathing, abdominal distention, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

PLAN:

Increase Lasix dose by 25% (current dose unclear). Institute Spironolactone 1-2mg/kg PO q12h. Institute furosemide 1mg/kg PO q12h. Administer Pimobendan 0.3mg/kg PO q8h. Institute Taurine 1000mg PO q12h. Immediate diet change is recommended.

Monitor a renal panel and blood pressure in 1-2 weeks to ensure tolerance. If BP >130mmHg, institute ACEI 0.5mg/kg PO q12h.

A recheck echocardiogram is recommended in 4-6 months to screen for progression, sooner if clinical issues arise in the interim.

IMAGES





PATIENT

Marley Ramirez

SPECIES

Canine

BREED

Standard Poodle

SEX

Male Neutered

AGE

3 years

WEIGHT

46lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound
Services

REFERRING VET

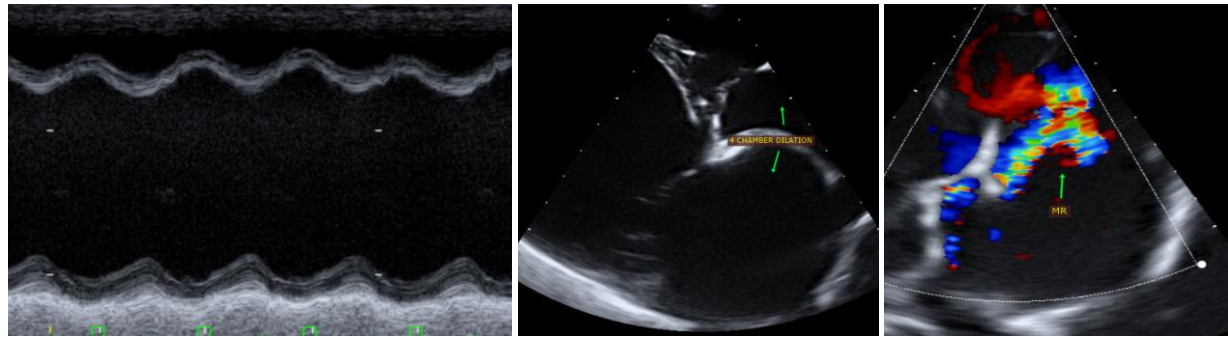
Dr. Matos

INVOICE

45882

DATE

11/21/25



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