



PATIENT

Pixie Brema

SPECIES

Canine

BREED

Toy Poodle

SEX

Female Spayed

AGE

14 years

WEIGHT

10.1lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Southdown AC

REFERRING VET

Dr. Pocha

INVOICE

45638

DATE

11/4/25

PRESENTING CLINICAL SIGNS

History: Increased coughing. Weight loss. Heart murmur and arrhythmia. Immature cataracts OU.
 BP: 230mmHg.

-Current medications: Prednisolone, Acetate 1% Ophthalmic drops, Optimune Ophthalmic Ointment, Benazepril 5mg tablets, Furosemide 20mg tablets, Vetmedin 1.25mg capsules and Tracheal Cough Elixir (isoproterenol/phenobarbital 0.004mg/0.4ml).

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

Normal cardiac silhouette. No obvious evidence of CHF.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 20mm/mV. Significant baseline interference impedes detailed evaluation. What can be said is the rhythm is likely sinus in origin with an average heart rate of 100bpm. Possible APCs. No VPCs, pauses or other dysrhythmias observed.

ECG diagnosis: Suspect normal sinus rhythm with respiratory variation. Possible APCs; however, a repeat tracing should be considered.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with marked prolapse into the left atrial lumen. Trace eccentric mitral regurgitation with no left atrial dilation (LA:Ao <1.4). Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with no significant tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic and trace pulmonic insufficiency. No pericardial or 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	NM	NA	1.1	1.0	39	72	0.2	
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	70	1.6	1.5	4.6	1.0	2.0	1.2	
*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



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing trace mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study.

The ECG is largely normal with a respiratory sinus arrhythmia. APCs are possible; however, significant baseline interference impedes careful interpretation. Even if present, these are largely benign, and no treatment is warranted. Consider a repeat tracing in the future.

Given these findings, the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc.). **Triple therapy can be safely discontinued.**

In a dog with no significant left atrial enlargement, no cardiac medications are clearly indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

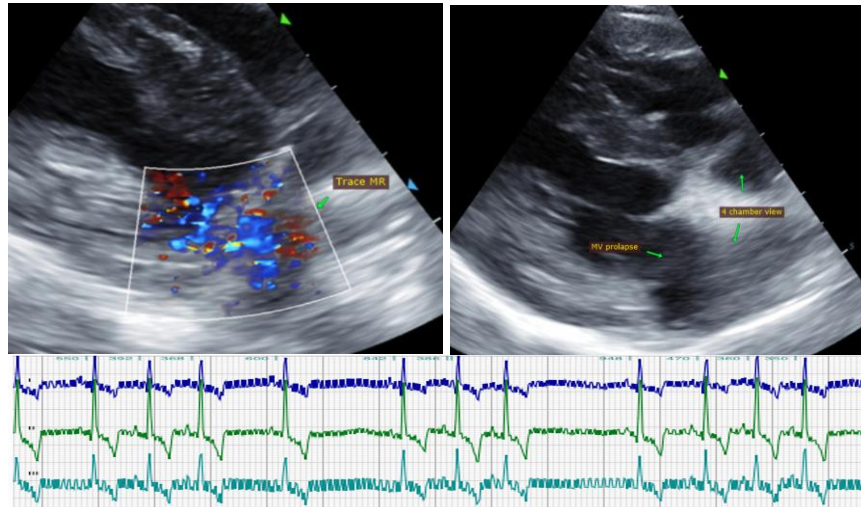
No cardiac contraindication for general anesthesia prior to chamber enlargement.

PLAN

Baseline BP and repeat ECG are recommended. Discontinue Pimobendan and Benazepril. Wean Lasix by 50% for 3-5 days, then discontinue. Further cough workup as discussed.

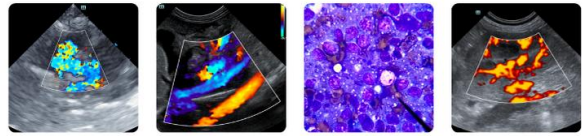
Recommend conservative monitoring with a recheck echocardiogram in 6-12 months to assess rate of progression, sooner if any development of clinical signs in the interim.

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



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be of any further assistance, please contact me.

Pixie Brema

Maggie Machen Lamy, DVM
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info@sonopath.com

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