



PATIENT

Billie Stuart

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Female Spayed

AGE

8 years

WEIGHT

37.7

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Cory, DVM

HOSPITAL NAME

Brighton Veterinary
Clinic P. C. Inc.

REFERRING VET

Dr. Bird

INVOICE

45655

DATE

11/5/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. Pulses improved but still slightly weaker than expected heart murmur now a grade 1-2/6 PMI L apex (down from grade 4/6 in Feb 2025). Switched food from Acana Ranchlands to a grain-inclusive diet Feb 2025.

-Current medications: Vetmedin 10 mg PO BID, furosemide 40 mg PO SID-BID, enalapril 20 mg PO BID, taurine and omega 3.

-Pertinent previous echo findings (MML 2-2025): DCM severe; severe LAE- LA: Ao 2.2, LV 5.9/4.9

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Left ventricular dilation with mild systolic dysfunction. Moderate left atrial enlargement. The mitral valve appears normal in form and function, with no obvious prolapse into the left atrial lumen. Mild central mitral regurgitation secondary to annular stretch. Decreased LV wall thickness and increased sphericity. The tricuspid valve appears normal in form and function with no significant TR. Mild right atrial and ventricular dilation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; decreased LVOT and RVOT velocities. No aortic insufficiency. Normal pulmonic valve with no pulmonic insufficiency seen. No pericardial or 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	4.5	NA	1.6	1.7	25	46	NM	
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	1.2	0.8	37.7	4.0	5.8	4.3	
*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

LV dilation and dysfunction persists with evidence of mild improvement. The LA and LV dimensions are both decreased comparatively which is good news, and the LV function appears only mildly depressed. This is likely due to a combination of diet change and medications and is a



PATIENT

Billie Stuart

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Female Spayed

AGE

8 years

WEIGHT

37.7

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Cory, DVM

HOSPITAL NAME

Brighton Veterinary
Clinic P. C. Inc.

REFERRING VET

Dr. Bird

INVOICE

45655

DATE

11/5/25

good start. Despite this, there is certainly risk for progression going forward. No additional issues are identified.

Continue all medications as prescribed. 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 remains 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.

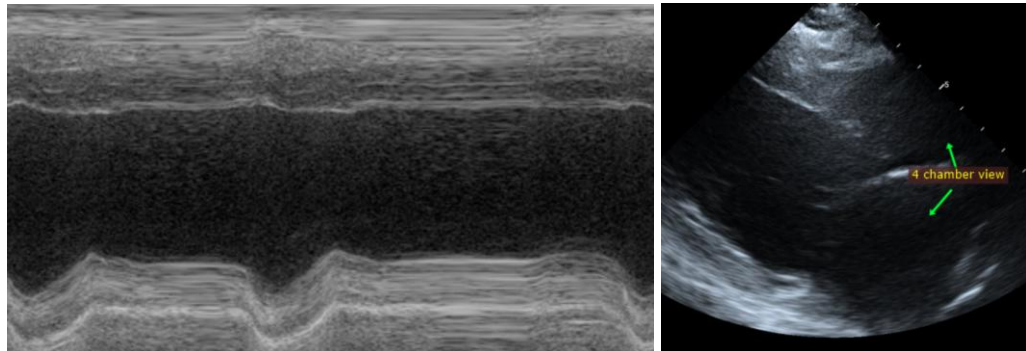
PLAN

Continue Enalapril, Lasix, Pimobendan and Taurine as prescribed.

Monitor renal vales and BP every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to screen for progression v continued improvement, sooner if clinical issues arise 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 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