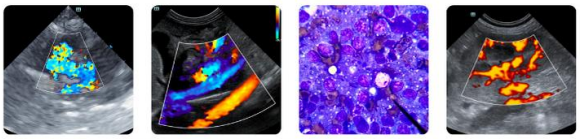

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.thefocalzone.com info@thefocalzone.com 298.808.2608

PATIENT

Layla Hillaire

SPECIES

Canine

BREED

Terrier Mix

SEX

Female Spayed

AGE

9 years

WEIGHT

7.7lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Clarkson Village Animal Hospital

REFERRING VET

Dr. Cusmariu

INVOICE

46172

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Presented 12/04/2025 for 2nd opinion on recent diagnosis of CHF & Pneumonia. Concerned with suddenness as CXR in October was normal; diagnosed 1 week later. BW (10/2025: liver enzymes + infection. Reported seizure-like episode day before diagnosis (shivering, paddling, urination + defecation). CXR showed fluid around heart. Typically, on raw diet - very poor appetite since starting medications. History of gag/wheeze/cough after giving hepatosporid (liquid, has discontinued administration). Not currently coughing, vomited water + foam day of last vet visit and again in December. Since starting medications has been restless, shivering after administration and laying on floor more than usual. PE - NSF/WNL.
-Current medications: Furosemide 20mg/ml - 0.38ml PO TID, Fortekor 2.5mg - 0.5 tab PO SID.

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

Slight subjective cardiomegaly; however, the VHS is normal. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. No mitral regurgitation with normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with mild to moderate tricuspid regurgitation. Normal velocity (suspected to be an underestimation). Mild right heart enlargement. The MPA and branches are mildly enlarged. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or 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	NA	2.0	1.2	1.2	44	80	0.3
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	0.9	0.8	3.5	1.2	1.8	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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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

The only abnormality identified is mild right heart with mild to moderate TR. Despite a normal TR velocity, these findings may suggest early pulmonary hypertension, which is secondary to

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respiratory disease, given the history. No additional issues are identified, and the left heart is normal.

Given these findings, CHF is ruled out in this case and Lasix and Benazepril can be safely discontinued. The reported breathing changes are likely primary respiratory in origin. It must be noted that the respiratory pattern is not caused by pulmonary hypertension; rather the chronic symptom leads to development of pulmonary hypertension. Signs of progressive PAH include exertional dyspnea or collapse/syncope. Maximizing cough control is the best way to combat development of pulmonary hypertension in the long run, utilizing cough suppressants, intermittent antibiotics/steroid taper for acute flares, bronchodilators, etc. If refractory, advanced evaluation should be considered (TTW/BAL).

In a dog without 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. 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.

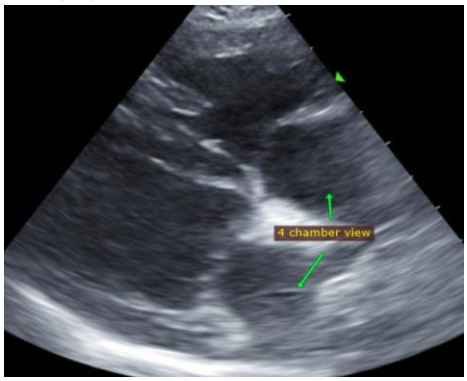
Anesthetic risk is considered mild if needed. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 due to potential for hypoxia.

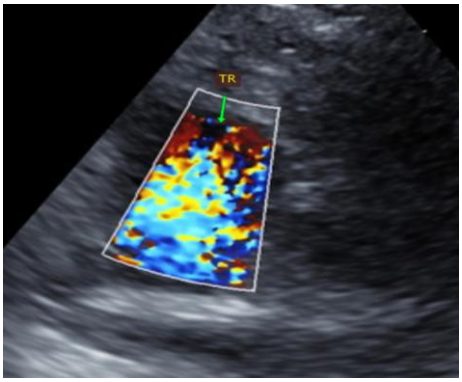
PLAN

Wean Lasix by 50% for 3-5 days then discontinue. Discontinue Fortekor. Further workup for respiratory disease is recommended.

Recommend conservative monitoring with a recheck echocardiogram in 6-12 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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