

PATIENT

Mongo Obleness

SPECIES

Canine

BREED

Bulldog Mix

SEX

Male Neutered

AGE

14 years

WEIGHT

58.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

North Fork Veterinary

REFERRING VET

Dr. Jordan

INVOICE

46271

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. BP: 150mmHg.

-Abnormal PE/Chem/CBC/UA Results (3/2025): CRE 1.3 mg/dl, BUN 17 mg/dl, rest WNL. (1/2025): shows mild azotemia, suspected renal in origin.

-Current medications: Pimobendan 7.5mg BID, Taurine 1500mg PO BID, Hill's k/d, Bravecto and Triheart
-Pertinent previous echo findings (6/2025 MML/LSJ): Mild MR, mild LAE, mild LVE, mild to moderate dysfunction; FS: 22%, trace TR: 2.2m/s. LV: 4.6/3.6, LA: 3.2. No VPCs noted.

-Holter monitor performed (1/21/25 Cardiac Vet RK): Uniform VPCs, 8564 in total. No treatment recommended.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 10mm/mV. The average heart rate is 150bpm. 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 with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation.

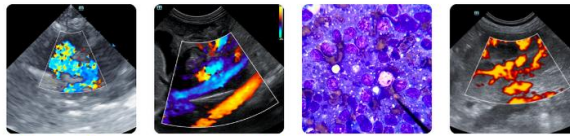
ECHOCARDIOGRAM FINDINGS

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. Mild eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. The LV is mildly dilated with mild to moderate dysfunction. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity. 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 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	6.0	2.3	1.4	1.4	22	40	0.9
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	107	1.1	1.0	26.5	3.3	4.4	3.4
*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

Persistently stable findings. Mild MR and trace TR are unchanged with stable four chamber dimensions. The LV function remains depressed; however, no change from the previous evaluation is identified. The ECG is also normal with no VPCs identified.

Given these findings, reasonable to continue Pimobendan and Taurine as previous. No additional medications are necessary.

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit

Even with stability seen here, anesthetic risk remains moderately elevated. Avoid ketamine, telazol, Dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia (CRI 50–75mcg/kg/min). Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso or sevoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 cage. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Moderate IV fluid restriction is recommended to avoid fluid overload, while considering comorbidities, hydration status, BP, etc.

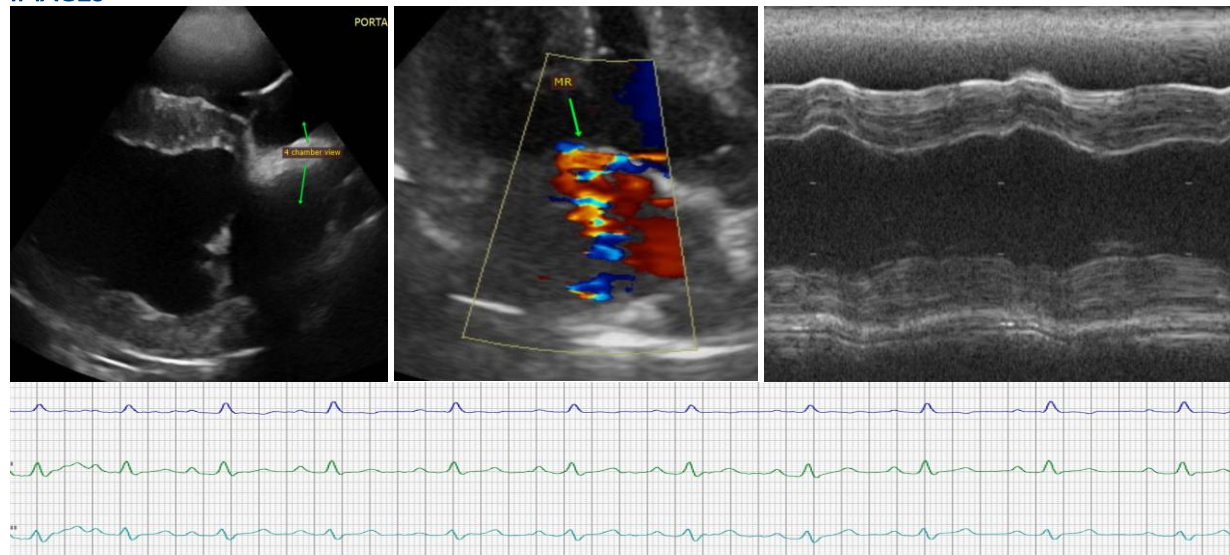
Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

Continue Pimobendan and Taurine as previously prescribed. Routine holter monitor is recommended, even with improvement seen here.

Recommend conservative monitoring with a recheck echocardiogram and ECG annually, sooner if any development of clinical signs.

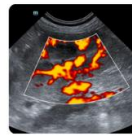
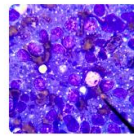
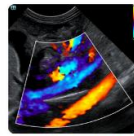
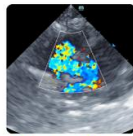
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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