



PATIENT

Stella Appelt

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

11.5 years

WEIGHT

11.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Gudrun Gunther, DVM

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Gunther

INVOICE

46027

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. Increased cough.

-Current medications: Vetmedin 1.25mg 1.5 PO BID, Spironolactone 25mg 1/2 PO BID.

-Pertinent previous echo findings (7/2025 MML): Severe MR, severe LAE, mild LVE, mild RHE, mild TR: 2.0. LA: 2.8, LV: 3.5.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened with prolapse into the left atrial lumen. There is severe eccentric mitral regurgitation present. There is severe left atrial enlargement. The pulmonary veins appear dilated as they enter the lumen. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. Mild right atrial and ventricular dilation (subjective). Mild thickening of the tricuspid valve with mild TR. Normal velocity. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. The main pulmonary artery is normal in diameter. The pulmonic valve is normal in appearance. No pericardial/pleural effusion or cardiac masses are seen.

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	4.8	2.2	2.7	2.5	60	90	NM
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	166	1.1	1.4	5.2	3.0	3.7	1.4
*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)
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

From a structural standpoint, the findings appear similar. The LA and LV are significantly dilated with no obvious progression seen. That being said, the pulmonary vasculature does appear congested, which is concerning in light of a reportedly increased cough. No additional issues have developed.

Given these findings, it is reasonable to institute low dose Lasix at this juncture. CXR should be obtained in light of the clinical signs. Prognosis is guarded to poor long-term once diuretics are



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necessary with an average survival time of <1 year. Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.

Elective anesthesia is not advised, as there is high risk for complication.

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

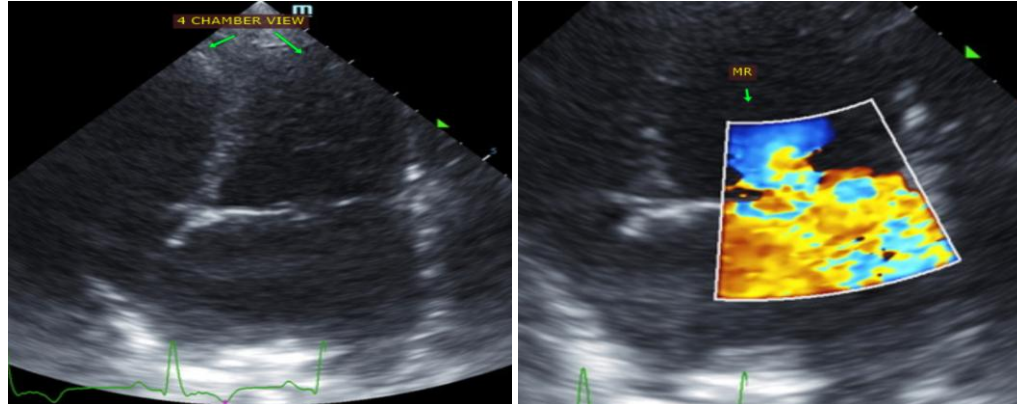
PLAN

Continue Pimobendan 0.3mg/kg PO q12h. Continue Spironolactone 1-2mg/kg PO q12h. Institute Lasix 1mg/kg PO q12h. Baseline CXR and BP are recommended.

Monitor renal values and BP every 3-4 months lifelong to ensure tolerance of medications.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

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.

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