



**PATIENT**

Radar Faulkner

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

8.4lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Renee Trionfetti, VMD

**HOSPITAL NAME**

Cypress Veterinary  
Clinic

**REFERRING VET**

Dr. Johnson

**INVOICE**

46814

**DATE**

2/12/26

**PRESENTING CLINICAL SIGNS**

History: Grade 4-5/6 left heart murmur PMI left apical and grade 3/6 right heart murmur. CXR showed cardiomegaly. Elevated BNP. Over the past weekend, concern for increased RR/RE, started on Pimobendan and Lasix. Appears more comfortable now.

-Current medications: Pimobendan 1.25 mg - 1 T in AM, 1/2 T in PM. Lasix BID.

-Abnormal PE/Chem/CBC/UA Results: BP: 81/65, 81/65, 167/135. CXR: reported VHS 10.72. CBC: Hct 49.8%, Mono 1.113 H, Plts 557 H, remainder NSF. Chem: WNL. BNP: 2,470 H - T4: 1.7-n.

**ECHOCARDIOGRAM FINDINGS**

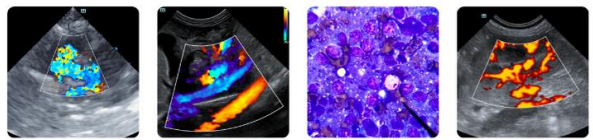
2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with moderate left atrial dilation. Normal MR velocity. Borderline LV dilation with hyperdynamic myocardial function. The tricuspid valve appears normal with trace TR. Velocity consistent with early PAH. Normal right atrial and ventricular diameter and morphology. The pulmonic and aortic valves are normal in morphology and mobility. No AI. Trace PI. Normal aortic outflow velocities with laminar flow. 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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	6.2	3.2	1.8	1.8	65	95	0.11
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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	190	2.0	1.5	3.8	2.0	2.8	1.0
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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**

Chronic degenerative valve disease causing severe mitral and trace tricuspid regurgitation. Moderate left atrial enlargement indicates the risk for spontaneous congestive heart failure is currently low; however, may be elevated going forward. Early pulmonary hypertension is noted, which should be monitored going forward. No additional issues are noted.



## PATIENT

Radar Faulkner

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Male Neutered

## AGE

10 years

## WEIGHT

8.4lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Cypress Veterinary  
Clinic

## REFERRING VET

Dr. Johnson

## INVOICE

46814

## DATE

2/12/26

While it is uncommon for moderate valve disease to lead to CHF, if the radiographs showed pulmonary edema and the patient responded to diuretic therapy then this would support the diagnosis, and medications should be continued as suggested below. That being said, if there is any question of the diagnosis a Radiologist review of the films is highly recommended. CHF is a radiographic and clinical diagnosis, which can only be supported by echocardiography.

If confirmed, the average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period.

Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Serial monitoring of SRRs is recommended as the best way to screen for progression to CHF at home.

Anesthesia is not advised.

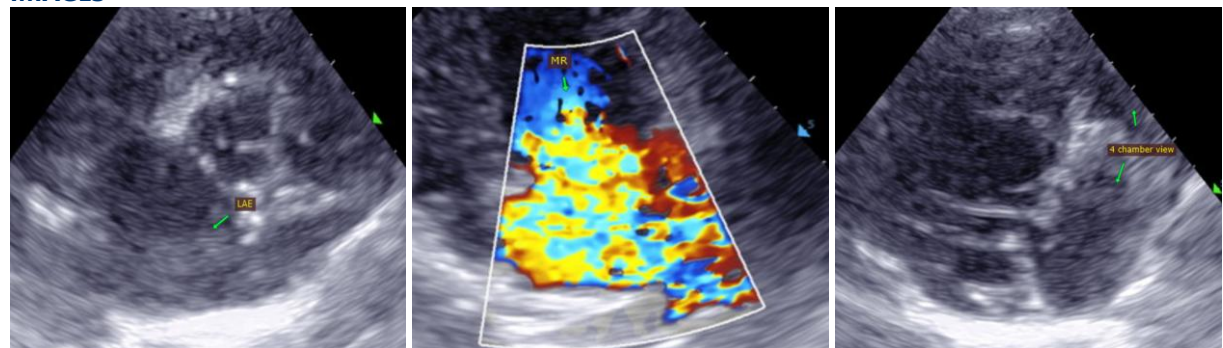
## PLAN

Consider Radiologist review of the films to determine if Lasix should be continued. If so, an ACE-I should also be used; 0.5mg/kg PO q12h. Recommend continue Pimobendan 0.3mg/kg PO q12h. Hydrocodone can be utilized if needed for QOL.

A recheck renal panel and BP are recommended every 3-4 months lifelong.

A recheck BP and 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



## PATIENT

Radar Faulkner

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Male Neutered

## AGE

10 years

## WEIGHT

8.4lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Cypress Veterinary  
Clinic

## REFERRING VET

Dr. Johnson

## INVOICE

46814

## DATE

2/12/26

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