



PATIENT

Jonah Hahn

SPECIES

Canine

BREED

Standard Poodle

SEX

Male Neutered

AGE

8 years

WEIGHT

12.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Ethan Bloomer, DVM

HOSPITAL NAME

Echosound Veterinary
Mobile Imaging
Services

REFERRING VET

Dr. Waterman

INVOICE

46841

DATE

2/13/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 2/6 heart murmur. Doing well.

-Current medications: Pimobendan, Enalapril, and Spironolactone.

-Pertinent previous echo findings (8/16/2025 MML): CVD severe, stage late B2. Severe MR, severe LAE, mild LVE, mild LV dysfunction. LA: 4.0, LV: 4.6/3.0.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened with no prolapse into the left atrial lumen. There is severe eccentric mitral regurgitation present. The MR velocity is normal. There is severe left atrial enlargement. There is mild left ventricular dilation. Left ventricular systolic function is mildly depressed. Mild right atrial and ventricular dilation (subjective). Mild thickening of the tricuspid valve with trace TR. Normal velocity. The aortic valve appears trileaflet with normal mobility. Trace AI. There is normal systolic flow velocity across the aortic valve. The main pulmonary artery is normal in diameter. The pulmonic valve is normal in appearance. Flow through the RVOT/PV is normal in velocity. No PI. 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	5.5	2.0	2.0	2.0	33	60	0.4
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	1.9	1.4	26.9	3.9	4.8	3.2
*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

Compared to the prior study, findings are similar which is good news. Severe MR is unchanged with stable four chamber dimensions. No additional issues have developed.



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Given these findings, three medications should be continued going forward. Continued assessment of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (late B2). Unfortunately, there is increased risk for 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 with severe disease.

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

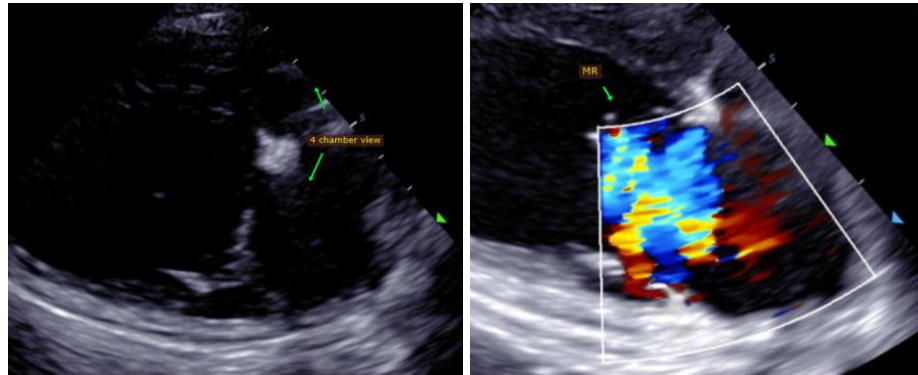
PLAN

A screening BP is recommended. Continue Pimobendan 0.3mg/kg PO q12h. Continue Enalapril 0.5mg/kg PO q12h. Continue Spironolactone 1-2mg/kg PO q12h.

Monitor renal values/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 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
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