



PATIENT

Ginger Roque

SPECIES

Canine

BREED

Chinese Crested Mix

SEX

Female Spayed

AGE

17 years

WEIGHT

6.1lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill,, RVT

HOSPITAL NAME

East Credit Veterinary
 Hospital

REFERRING VET

Dr. Jerabek

INVOICE

46921

DATE

2/19/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Cough, syncope episodes, labored breathing with abdominal effort noted. Grade 5/6 heart murmur with thrill present, mild increased resp sounds on L side, no crackles. Dec 2/25 noted more coughing and CXR done, started Lasix 5mg PO TID for 2 days then decreased. Feb 12, 2026, increased RR, reduced appetite, increased Lasix to 5mg TID and Vetmedin to TID dosing. -Pertinent previous echo findings (4/2025 MML): CVD severe PAH mild. Severe MR. TR: 3.3, LA: 2.8, LV: 3.4.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and Doppler imaging are available. Diffuse thickening of mitral valve leaflets (anterior> posterior) with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. Significant LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened with septal prolapse and trace tricuspid regurgitation. Mild right atrial and ventricular dilation consistent with early pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No pulmonic or aortic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

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	5.3	NM	NM	2.6	58	90	0.1
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	130	0.8	0.8	2.8	2.9	3.2	1.6
*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

Chronic degenerative valve disease persists with severe, yet stable structural disease. Severe MR is unchanged with significant LA and LV dilation. No additional issues have developed.



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Balancing patient symptoms, drug dosages and renal values is of the utmost importance at this stage of disease. Increasing the Lasix dose was recently done; however, if appetite is due to azotemia, this may reflect poor tolerance. Repeating lab work is certainly recommended. The goal is to utilize the lowest Lasix dose to control the symptoms, specifically a change in breathing. A cough may need to be addressed with Hydrocodone, as a separate issue. Addition of Spironolactone may be helpful for more balanced diuresis, while continuing Pimobendan at TID dosing.

Prognosis at this juncture is poor to grave with an average survival time <6 months. Our goal is to maintain QOL as best we can. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of renal values is recommended lifelong.

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a worsening cough, labored breathing, exercise intolerance or collapse episodes.

Elective anesthesia is not advised.

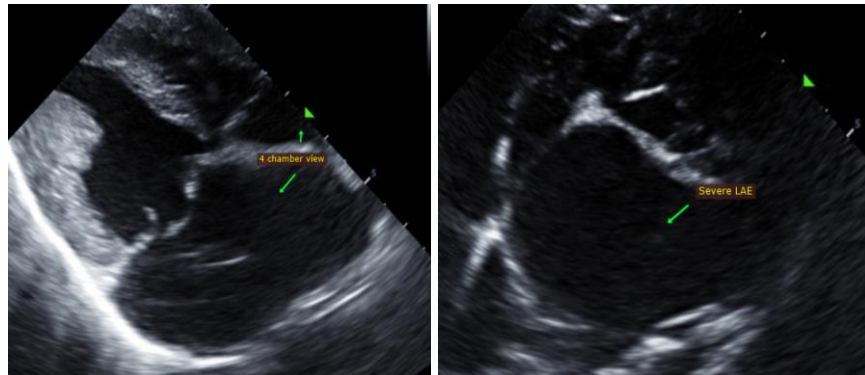
PLAN

Screening BP and lab work are strongly recommended. Continue Pimobendan at TID dosing. Continue Lasix at lowest effective dose, pending renal value assessment. If able, institute Spironolactone 1-2mg/kg PO q12h. Utilize Hydrocodone with homatropine if needed (0.2-0.4mg/kg PO up to q4-6 hours PRN) if cough persists despite normal SRRs.

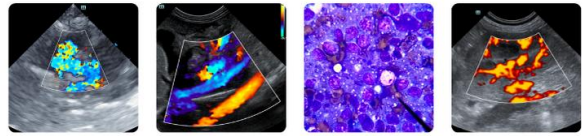
A renal panel and BP are recommended every 3-4 months on diuretics to ensure tolerance of medications.

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

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



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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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