



**PATIENT**

Mollie Sluder

**SPECIES**

Canine

**BREED**

CKCS

**SEX**

Female Spayed

**AGE**

11 years

**WEIGHT**

19.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Graham Animal  
 Hospital

**REFERRING VET**

Dr. Seager

**INVOICE**

46948

**DATE**

2/23/26

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. BP: 150-205mmHg.

-Current medications: Vetmedin 1.25mg 1cap BID, 2.5mg 1cap BID. Enalapril 5mg 1.5tabs BID.

-Pertinent previous echo findings (4/2025 MML): CVD stage C. Severe MR, severe LAE, significant LVE, moderate TR, mild PH: 3.3m/s. LA: 3.5, LV: 4.1. Was on triple therapy at that time.

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.  
 Cardiomegaly. No obvious evidence of CHF.

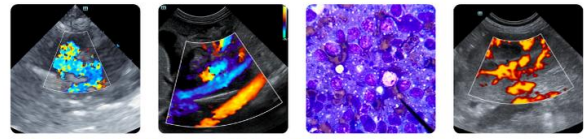
**ECHOCARDIOGRAM FINDINGS**

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 moderate tricuspid regurgitation. Mildly elevated velocity. 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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.1	3.4	2.8	2.5	37	67	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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	160	1.5	0.9	9.0	3.8	3.7	2.4
*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)
*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**

Compared to the prior study, findings are similar. Severe MR and moderate TR are unchanged with stable yet severely dilated LA and LV dimensions. Mild pulmonary hypertension is similar to previous, and no additional issues have developed.

Given these findings, full cardiac support should be continued going forward. The patient had a history of CHF at the time of the prior echo and Lasix was recommended lifelong.

The average survival 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. 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, as there is high risk for complication.

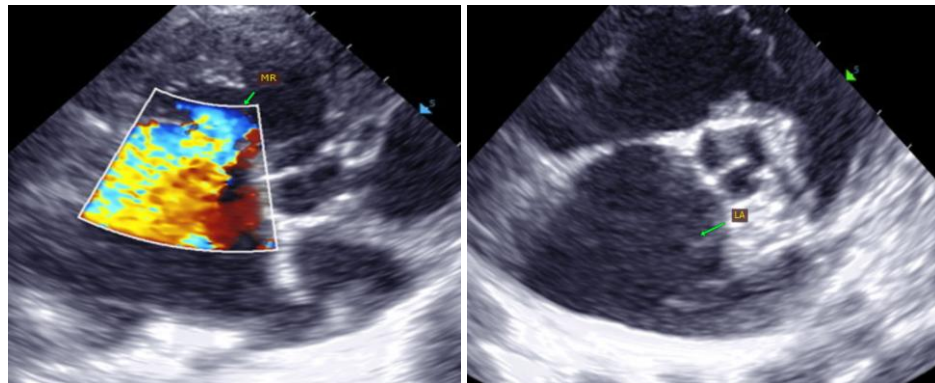
**PLAN**

Continue Pimobendan 0.3mg/kg PO q12h. Continue Enalapril 0.5mg/kg PO q12h. Reinstigate Lasix if not being given; 1-2mg/kg PO q12h. Institute Spironolactone 1-2mg/kg PO q12h.

A renal panel and BP are recommended in 10-14 days, then 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 visible in the image/video clips provided.**



**PATIENT**

Mollie Sluder

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.

**SPECIES**

Canine

**Maggie Machen Lamy, DVM**

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

[info@sonopath.com](mailto:info@sonopath.com)

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