



PATIENT

Willow Billingsley

SPECIES

Canine

BREED

Staffordshire Bull Terrier

SEX

Female Spayed

AGE

10 years

WEIGHT

60.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Stephanie Cory, DVM

HOSPITAL NAME

Brighton Veterinary
Clinic P. C. Inc.

REFERRING VET

Dr. Stephanie Cory

INVOICE

46985

DATE

2/25/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. No longer on grain-free diet. Significantly distended abdomen & lordosis, but on scan found no free fluid in abdomen, enlarged adrenals, suspect Cushing's. BP: 198, 175, 187mmHg.

-Current medications: Furosemide 20mg PO BID, Spironolactone 50mg PO BID, Taurine 500mg PO BID, Vetmedin 5.0mg PO BID, Omega 3-6-9 food supplement.

-Pertinent previous echo findings (2/2025 MML): DCM suspect diet-related. Marked LVE (7.0/6.1), FS: 13%, LA: 4.2, LA/AO: 2.2. Moderate RHE. Hepatic congestion at that time.

ECHOCARDIOGRAM FINDINGS

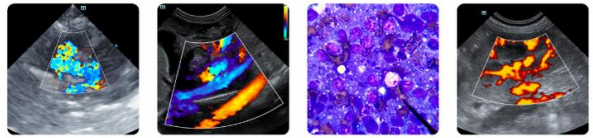
2D, m-mode, color flow and doppler imaging is available. Mild left ventricular dilation with mildly systolic function. Normal LV wall thickness. Moderate left atrial enlargement. The mitral valve appears normal in form and function, with no obvious prolapse into the left atrial lumen. No mitral regurgitation. No tricuspid regurgitation. The right heart is slightly enlarged. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity. No aortic insufficiency. Normal pulmonic valve. No pulmonic insufficiency seen. No pericardial or pleural effusion noted. No obvious cardiac tumors.

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 | NA | NA | 2.0 | 1.8 | 23 | 40 | 0.8 |
| 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 | 2.0 | 1.8 | 27.5 | 3.7 | 5.2 | 4.0 |
| *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, there is evidence of improvement, which is good news. The LV remains dilated; however, decreased significantly compared to the initial evaluation. The LA is moderately dilated, and no additional issues are seen.



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Even with improvement seen here, full cardiac support should be continued going forward. The BP is reportedly elevated, and an addition of an ACE-I may be reasonable. Prognosis remains guarded long-term; however, any improvement is a good sign. There will likely be risk for recurrent CHF, development of arrhythmias/syncope and/or sudden death going forward.

Elective anesthesia is not advised due to high risk for complications.

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, worsening labored breathing, abdominal distention, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

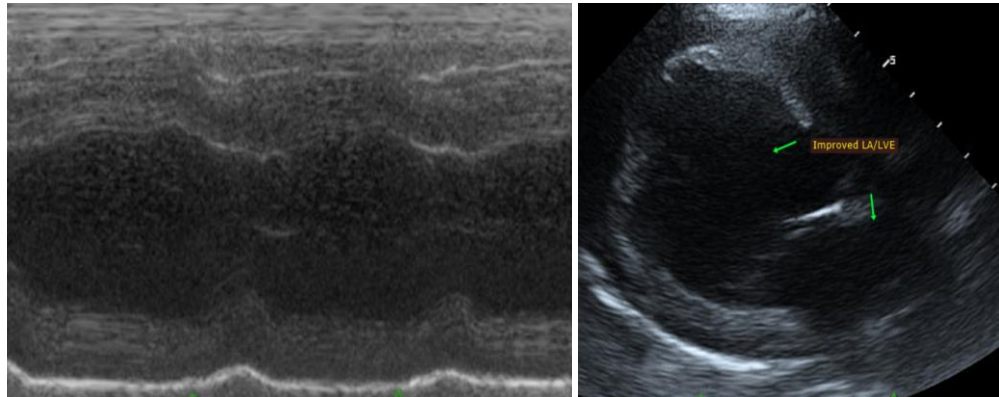
PLAN:

Continue Lasix, Spironolactone, Taurine and Vetmedin as prescribed. Consider an addition of an ACE-I 0.5mg/kg PO q12h.

Monitor a renal panel and blood pressure every 3-4 months lifelong.

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