



DATE PRESENTING CLINICAL SIGNS

2.26.26

PATIENT

Gia Tellis

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

1.31.09

WEIGHT

6.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

History: Recheck echo.

Pertinent abnormal PE/Chem/CBC/UA Results (11/2025): *CBC* - Mild thrombocytopenia, NSF - All else WNL *Chemistry* - BUN 55, elevated (was 32) - Creatinine 0.9, WNL (was 0.9) - SDMA 10.9, WNL (was 13.6) - PO4 5.1 (was 4.3) - All else WNL *T4* - 2.1, WNL*UA* - USG 1.024, not highly concentrated - pH 6.0 - Protein 1+, NSF w/ USG of 1.024 - Sediment benign *Assessment* CBC and T4 WNL. Chemistry shows elevated BUN (55) with a USG of 1.024- consistent w/ stage 2 renal insufficiency, Creatinine (0.9) and SDMA (10.9) are both WNL at this time. Phosphorus is 5.1, within normal limits, but it is recommended to start a phosphate binder at this point and keep phosphorus below 5.0.

-Current medications: Ursodiol 30mg/ml 0.7ml q 12 hours, Pimobendan 1 mg/ml 0.9ml SID, Revolution
-Blood Pressure: 150, 148 and 148mmHg.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (10/2023 MML): CVD B2, stable. Mild to moderate MR, mild LAE, no LVE (improved from previous), mild to moderate TR, mild PH: 3.2m/s. LA: 1.6, LV: 2.6.
-STAT: Not requested.

-Imaging performed by: Stephanie Warga RDCS, RVT.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental information only.

Mild cardiomegaly. No obvious evidence of CHF.

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. Mild to moderate eccentric mitral regurgitation with mild left atrial dilation. Elevated MR velocity. Normal LV with adequate myocardial function. The tricuspid valve appears thickened and prolapsing with mild to moderate tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. Normal right atrial and ventricular diameter and morphology. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

HOSPITAL NAME

Docside Veterinary
Medical Center

REFERRING VET

Dr. Tierney

INVOICE

47014

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	6.2	3.4	NM	1.7	48	81	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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	1.3	1.3	3.1	1.7	2.4	1.2

*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. 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	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 evaluation, findings are persistently stable. Moderate MR is unchanged with stable four chamber dimensions. Pulmonary pressures have increased slightly, which should be monitored going forward. No additional issues are seen.

Given these findings, continue Pimobendan as prescribed. Prognosis remains guarded with risk for progression to CHF, development of arrhythmias and/or sudden death in the future.

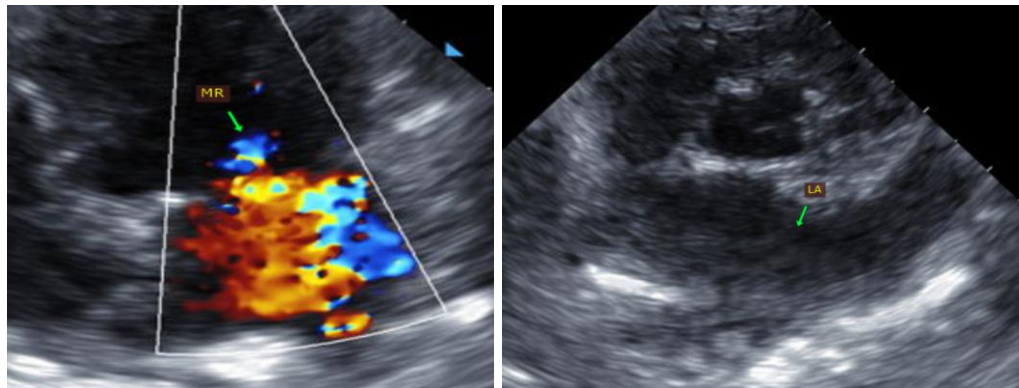
Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

Continue Pimobendan as prescribed.

Recommend conservative monitoring with a recheck echocardiogram in 6-9 months, sooner if any 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.

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