



PATIENT

Sissy Romero

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

9 years

WEIGHT

12.5lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Meghan Morse, LVT,
 CVT

HOSPITAL NAME

Kingston Animal
 Hospital

REFERRING VET

Dr. Rosen

INVOICE

46701

DATE

2/4/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 4/6 heart murmur. History of seizures.
 -Current medications: Vetmedin 1.25mg BID, Benazepril 1.25mg SID, Phenobarb 15mg BID.
 -Pertinent previous echo findings (12/2024 HVVI): CVD B2. MR with moderate LAE. LV: 2.5, LA:/AO: 1.56; remainder NSF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Normal MR velocity. Mildly increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened, with trace tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic 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	5.8	2.5	1.8	1.8	45	78	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	1.7	1.2	5.7	2.0	2.8	1.4
*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 causing moderate mitral and trace tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication; however, risk for progression to spontaneous congestive heart failure in the future is elevated. No additional issues such as pulmonary hypertension are identified. Compared to the prior report, findings are similar to slightly progressed.



PATIENT

Sissy Romero

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

9 years

WEIGHT

12.5lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Meghan Morse, LVT,
 CVT

HOSPITAL NAME

Kingston Animal
 Hospital

REFERRING VET

Dr. Rosen

INVOICE

46701

DATE

2/4/26

Given these findings, continued Pimobendan is indicated in this patient as below. Use of an ACE-I has not been proven with stage B2 valve disease; however, pending a BP assessment, it may be reasonable. Continued assessment of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (B2). Fifty percent of stage B2 patients typically develop CHF within 2-2.5 years of diagnosis. The median time to development of CHF in B2 cases treated with pimobendan is 3.5 years.

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

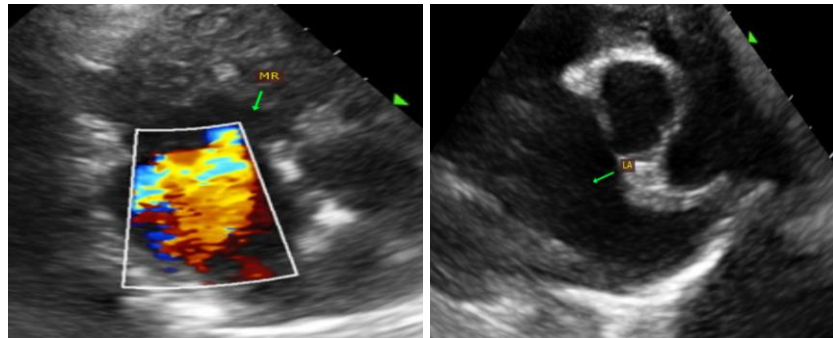
Anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

Baseline BP recommended, if >130mmHg, reasonable to continue the ACE-I Continue Pimobendan 0.25-0.3mg/kg PO q12h.

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

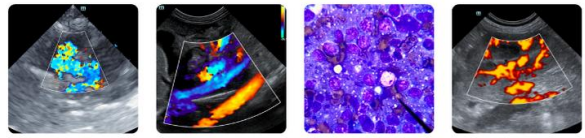
IMAGES



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



PATIENT

Sissy Romero

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

9 years

WEIGHT

12.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Kingston Animal
Hospital

REFERRING VET

Dr. Rosen

INVOICE

46701

DATE

2/4/26

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com