



PATIENT

Oscar Kenny

SPECIES

Canine

BREED

Boxer Mix

SEX

Male

AGE

9 years

WEIGHT

116.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Iacovides, DVM

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Trindada

INVOICE

46710

DATE

2/5/26

PRESENTING CLINICAL SIGNS

History: Recheck echo - diagnosed with A-Fib and DCM in January 2025. Doing well on medications. Seen 11/25/25 for an episode of panting at home. Exam and CXR were WNL and so meds were continued. BP: 225mmHg in July.

-Current medications: Pimobendan 5mg: 3 capsules PO BID, Furosemide 40mg: 2.5 tablets PO BID, Amlodipine 5mg: 1 tab PO SID, Digoxin 0.125mg: 1 tab PO BID, Diltiazem 60mg: 2 tab PO TID a day. Also, on 5mg Prednisolone daily and DOCP injections monthly.

-Pertinent previous echo findings (1/2025 Idexx): Severe DCM with rapid A-Fib and CHF. LV: 6.3/5.0cm, FS: 19%.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild left ventricular dilation with decreased systolic function. Decreased LV wall thickness with slightly increased sphericity. Mild left atrial enlargement. The mitral valve is mildly thickened with mild central MR. No tricuspid regurgitation. No significant right atrial or ventricular dilation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity. No aortic insufficiency. Normal pulmonic valve with no pulmonic insufficiency seen. No pericardial or pleural effusion noted. No obvious cardiac tumors. Irregular rhythm throughout.

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	5.4	2.3	NM	1.4	17	30	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	1.5	0.6	52.7	5.2	6.0	5.0
*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 report, findings appear similar to mildly improved. The LV dimensions are slightly decreased, and the LA is only slightly enlarged. This would suggest stable disease overall,



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which is somewhat unexpected given the timeframe and history. The arrhythmia persists and follow up and treatment should be dictated by current ECG findings.

Given these findings, full cardiac support is reasonable going forward. Patient will always be at risk for right and/or left-sided CHF, development of arrhythmias/syncope and/or sudden death going forward. It is important to note that small abnormalities may have been missed due to patient size and advanced imaging with a local Cardiologist is always recommended.

Regardless of cause, prognosis is poor once CHF is diagnosed with an average survival time of <1 year. This patient appears to have done relatively well, which is good news.

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.

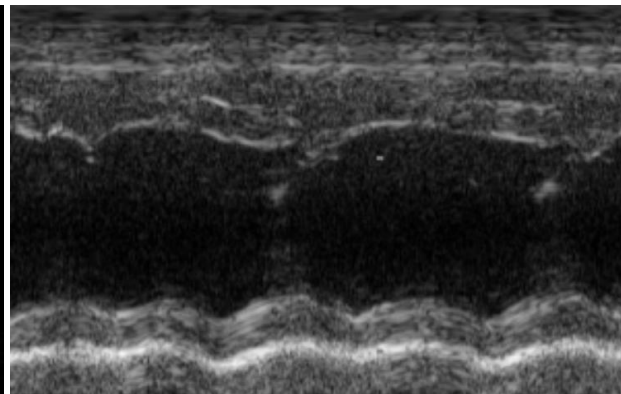
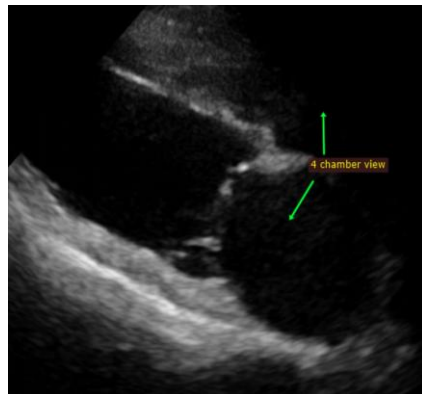
PLAN:

Follow up and treatment for the ECG should be dictated by the ECG report. Use of Amlodipine should be dictated by recent BP assessment. Continue Lasix and Pimobendan as prescribed. Consider addition of Spironolactone 1-2mg/kg PO q12h for survival benefit.

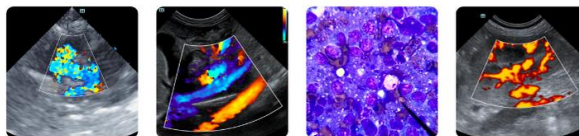
Monitor a renal panel and blood pressure every 3-4 months lifelong.

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.



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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

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

info@sonopath.com