

**PATIENT**

Zorro Faiello

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Male Neutered

**AGE**

13.5 years

**WEIGHT**

73.2lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Hesham Akbawy, DVM

**HOSPITAL NAME**

Lincoln Avenue Cat  
and Dog Hospital

**REFERRING VET**

Dr. Hesham Akbawy

**INVOICE**

47059

**DATE**

3/2/26

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Assess prior to anesthesia.

-Current medications: Pimobendan and Enalapril.

-Pertinent previous echo findings (9/2025 MML): CVD severe with severe LV dilation and adequate function. LA: 4.8, LA/Ao: 2.2, LV: 6.1/3.8, FS: 38%.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. There is mitral regurgitation present. There is severe left atrial enlargement. There is severe left ventricular dilation with increased sphericity. Left ventricular systolic function is mildly depressed. Mild right atrial and ventricular dilation (subjective). The aortic valve appears trileaflet with normal mobility. There is normal systolic flow velocity across the aortic valve. The main pulmonary artery is normal in diameter. The pulmonic valve is normal in appearance. Flow through the RVOT/PV is normal in velocity. No pericardial/pleural effusion or cardiac masses are seen. Arrhythmia noted.

**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>	NM	NM	NM	2.2	27	50	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>	NM	1.0	0.8	33.2	4.6	5.9	4.3
*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)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Compared to the prior study, findings are similar. While imaging planes are limited, there does appear to be persistent MR with LA and LV dilation. While the LV dimension is similar to previous, there is now mild dysfunction, which is not surprising given the severity of disease. Finally, an arrhythmia is apparent throughout the study and an ECG is strongly recommended.

Given these findings, continue 3 medications as previously described with addition of Spironolactone. Lasix is only necessary if and when signs of CHF develop. Continued assessment



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of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (late B2). Unfortunately, there is increased risk for CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. **Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.**

**Elective anesthesia is not advised with severe disease**, as there is high risk for complication. Risk versus benefit must be considered. An ECG should be obtained prior to electing to proceed. If necessary, cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso or sevoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 cage. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Moderate IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated. Avoid alpha 2 agonists.

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit.

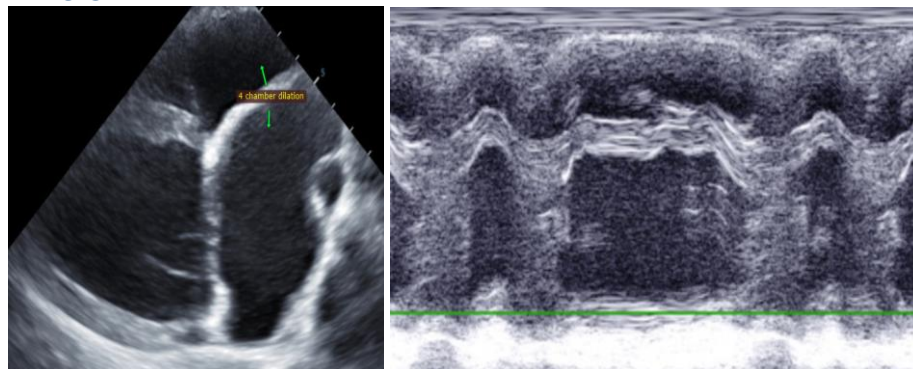
## PLAN

A screening BP and ECG are strongly recommended. Continue Pimobendan 0.3mg/kg PO q12h. Continue Enalapril 0.5mg/kg PO q12h, pending BP assessment. Institute spironolactone 1-2mg/kg PO q12h.

Monitor renal values/BP every 3-4 months lifelong to ensure tolerance of medications.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if 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.**



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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)**

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