



**PATIENT**

Kilo Yellowback

**SPECIES**

Canine

**BREED**

Cane Corso Mix

**SEX**

Male Neutered

**AGE**

5 years

**WEIGHT**

87.1lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Iacovides, DVM

**HOSPITAL NAME**

Tuxedo Animal  
Hospital

**REFERRING VET**

Dr. Buchanan

**INVOICE**

47271

**DATE**

3/24/26

**PRESENTING CLINICAL SIGNS**

History: Recheck echo (11/2025 Idexx): previously diagnosed with DCM and CHF. Has been doing better since on medications. Was getting a grain free diet, has since switched to diet with grains. Grade 3/6 heart murmur. Weight loss.

-Current medications: Cardalis 5/40mg - 2tabs SID; Furosemide 40mg BID (2mg/kg/day); Vetmedin 10mg BID; Taurine 1000mg TID.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Marked left ventricular dilation with diminished systolic function. Decreased LV wall thickness with increased sphericity. Severe left atrial enlargement. The mitral valve appears normal in form and function, with no obvious prolapse into the left atrial lumen. Moderate central mitral regurgitation secondary to annular stretch. Decreased velocity. Moderate right atrial and ventricular dilation. Moderate tricuspid regurgitation. TR velocity consistent with mild pulmonary hypertension. The aortic valve is normal in morphology and mobility. Normal LVOT velocity. No aortic insufficiency. Normal RVOT velocity. Normal pulmonic valve with trace 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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	4.2	3.0	NM	2.5	6	10	2.4
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	0.7	0.6	40.0	5.2	8.2	7.7
*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**

As was previously diagnosed, this patient has significant cardiomyopathy and systolic dysfunction. There is dilation and volume overload of both the left and right heart resulting in insufficiency of the mitral and tricuspid valves. The severity of dysfunction and pump failure is great, and the patient is at high risk for complications at any time. Patient will always be at risk for right and/or left-sided CHF, development of arrhythmias/syncope and/or sudden death



**PATIENT**

Kilo Yellowback

**SPECIES**

Canine

**BREED**

Cane Corso Mix

**SEX**

Male Neutered

**AGE**

5 years

**WEIGHT**

87.1lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Iacovides, DVM

**HOSPITAL NAME**

Tuxedo Animal  
Hospital

**REFERRING VET**

Dr. Buchanan

**INVOICE**

47271

**DATE**

3/24/26

going forward. The good news, compared to what is described previously, the findings do appear relatively similar overall.

Development of the DCM-phenotype can be primary in nature (i.e. genetic DCM as is seen in Dobermans) or develop secondary to a variety of issues such as a non-traditional diet, myocarditis, hypothyroidism, chronic tachycardia, or infiltrative disease such as lymphoma. While primary disease is possible, a history of a grain-free diet is certainly concerning. The diet was changed; however, depending on the chronicity of the diet, the damage may be irreversible.

Regardless of cause, prognosis is poor at this stage in the disease process, with an average survival time of <6 months. Continuation of full cardiac supportive medications is recommended as below. Cases of systolic failure are at high risk for tachyarrhythmias (such as VT or rapid AF) and sudden death, and this should be expressed to the owner. Activity restriction is advised, and a baseline ECG recommended.

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.

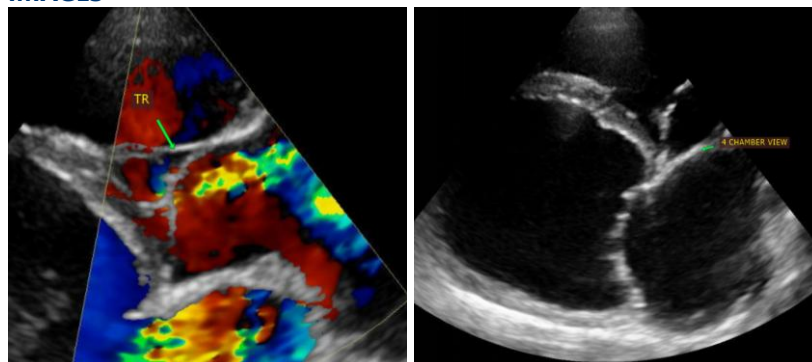
**PLAN:**

Assuming the patient is doing well. Continue Lasix, Cardalis, Pimobendan and Taurine as previously. The dose of Lasix is on the low end and can be increased if there are any concerns at home. Baseline BP/ECG recommended.

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**





## PATIENT

Kilo Yellowback

## SPECIES

Canine

## BREED

Cane Corso Mix

## SEX

Male Neutered

## AGE

5 years

## WEIGHT

87.1lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Iacovides, DVM

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

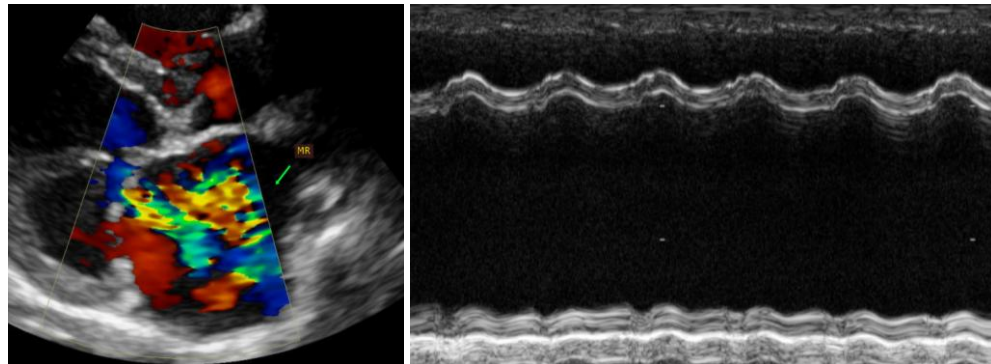
Dr. Buchanan

## INVOICE

47271

## DATE

3/24/26



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