



**PATIENT**

Sacha Acevedo

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Female

**AGE**

14 years

**WEIGHT**

15.3lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

G. Ferrer, DVM

**HOSPITAL NAME**

Paseos Veterinary  
Center

**REFERRING VET**

Dr. Martes

**INVOICE**

29894

**DATE**

3/28/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Has been coughing more, especially at night. Heart murmur.  
-Current medications: Vetmedin 2.5mg: 1 tablet PO BID, Enalapril 5mg: 1 tablet AM and 1/2 tablet PM, Spironolactone 25mg: 1/4 PO BID, Furosemide 12.5mg: 1/2 PO BID. Theophylline 400mg: 1/4 BID, Cough tabs.  
-Abnormal lab results: CBC and CHEM: unremarkable and WNL.  
-Pertinent previous echo findings (6/2022 MML): Marked MR, severe LAE, moderate LVE, mild to moderate TR, mild RHE. LA: 3.1, LV: 3.3.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode and Doppler imaging are available. Marked thickening of mitral valve leaflets (anterior > posterior) with prolapse into the left atrial lumen. Marked eccentric mitral regurgitation with severe left atrial dilation. Moderate LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened, with mild to moderate tricuspid regurgitation. Normal velocity. Mild right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No pulmonic or aortic 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	2.8	NM	2.5	33	63	0.3
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	0.7	1.3	6.9	3.0	3.3	2.2
*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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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 persists causing severe mitral and mild to moderate tricuspid regurgitation. The LA/LV dimensions are stable compared to the prior study indicating a lack of progression. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure remains elevated lifelong. No additional comorbidities are identified.



**PATIENT**

Sacha Acevedo

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Female

**AGE**

14 years

**WEIGHT**

15.3lbs

Given the severity of disease and history, continued cardiac support is warranted lifelong. Hydrocodone may be warranted for continued management of what is presumed to be a mechanical cough if available. Long term prognosis is poor, with most dogs able to be managed on medications with a good QOL for an average of 8-12 months after the diagnosis of CHF. Patient will always be at risk for recurrent CHF, LA tear, development of malignant arrhythmias/sudden death going forward.

Elective anesthesia is not advised.

Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is the best way to assess for recurrent CHF in the future.

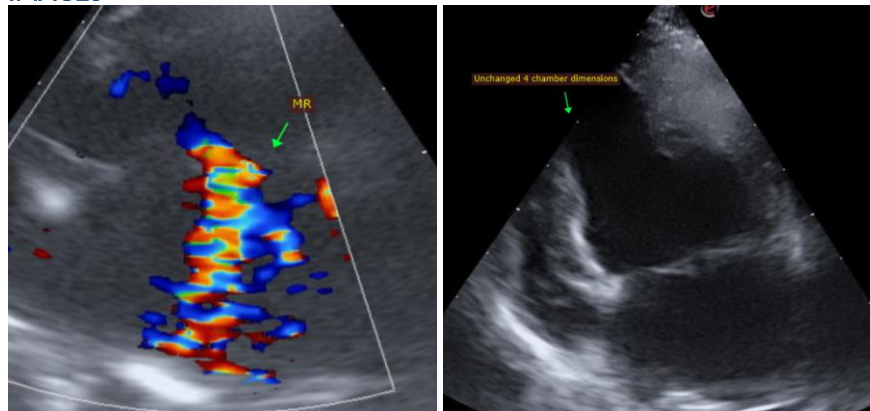
**PLAN**

Continue medications as prescribed. Consider hydrocodone (0.2-0.4mg/kg up to q4-6h PRN) as discussed.

Monitor renal values and BP every 3-4 months lifelong.

Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

**IMAGES**



**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

G. Ferrer, DVM

**HOSPITAL NAME**

Paseos Veterinary  
Center

**REFERRING VET**

Dr. Martes

**INVOICE**

29894

**DATE**

3/28/23

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