



PATIENT

Skeeter Whiteley

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

15.2 years

WEIGHT

6.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kristen Carpenter,
DVM

HOSPITAL NAME

Penridge AH

REFERRING VET

Dr. McManus

INVOICE

47080

DATE

3/3/26

PRESENTING CLINICAL SIGNS

History: Recheck echo – diagnosed with a PDA and mild LVE 7/2021. Grade 5-6/6 heart murmur. Asymptomatic. Assess prior to dental. On Gabapentin and Probiotics. BP: 170mmHg. -Pertinent previous echo findings (7/2025): MPA dilation with continuous flow over the aorta/ductus. New MR was noted with the LA upper end of normal limits. Low grade PI increased left ventricular size from previous studies. No cardiac medications recommended but to monitor every q6months.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Mild mitral regurgitation with mild left atrial dilation. Normal MR velocity. Moderate LV dilation with adequate myocardial function. Increased LV sphericity. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The MPA and branches are dilated. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and mildly elevated aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. A jet of diastolic flow is seen in the region of a PDA; max velocity not assessed, although left to right flow is suspected. No pericardial or pleural effusion noted. No obvious cardiac masses.

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 | 4.8 | NA | 1.8 | 1.5 | 36 | 67 | 0.4 |
| 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) |
| NORMAL PARAMETER | 50-100 | 0.7-1.7 | 0.7-1.6 | BELOW | BELOW | BELOW | BELOW |
| PATIENT | NM | 2.0 | 1.1 | 3.0 | 1.8 | 2.9 | 1.8 |
| *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) |

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Findings are similar to what has been seen previously. Certainly, there is a patent ductus arteriosus (PDA). This is a congenital abnormality that has been present since birth. The



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hemodynamic significance in this particular animal appears low as there is only mild left atrial and ventricular enlargement despite advanced age. Mild MR has also developed, which is likely suggestive of early chronic degenerative valve disease. No additional issues are noted in this study.

Given these findings, Pimobendan would be a reasonable choice in this case, particularly prior to anesthesia. That being said, compared to what is available from the most recent report, findings do appear similar without significant change to the LA or LV dimensions. Simple monitoring may be a reasonable approach in this senior dog.

Continue assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1/B2). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

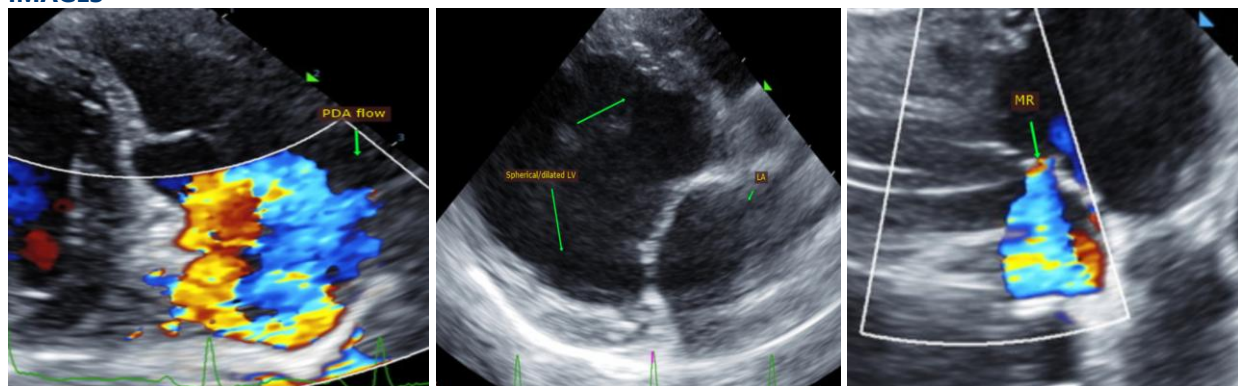
Once on the medication for 3-5 days, anesthetic risk is considered moderate if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

Consider institute Pimobendan 0.3mg/kg PO q12h.

Recommend conservative monitoring 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



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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

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