



DATE **CLINICAL BACKGROUND & STUDY DETAILS**

3.31.26

PATIENT

Peaches Gray

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

4.1.16

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Greenbrier VC

REFERRING VET

Dr. Boccanfuso

INVOICE

47381

History: Recheck echo. Was doing well on her medications but recently has had an elevated resting RR. CXR taken last week showed no obvious pulmonary edema or pleural fluid noted but heart severely enlarged. Tried an increase in Salix but no improvement. Added in Terbutaline today. BP: 155mmHg.
Pertinent abnormal PE/Chem/CBC/UA Results: (12/3/25) Chem/lytes- ALP 234 ALB 4 rest WNL.
CXR (3/19) – significant cardiomegaly on R side noted especially on the VD view, moderate bronchiointerstitial pattern on the lateral view but appear more normal on the VD view, no signs of pleural fluid or pulmonary edema, liver distended (likely passive congestion) but no free fluid noted in abdomen, lots of stools in descending colon
Current medications: Started 11/2025): Salix 12.5 - 1/2 q8h (increased to 1 in AM and PM and 1/2 mid-day 3/23 but no improvement in RR), Enalapril-2.5mg BID, Spironolactone 25mg - 1/4 BID, Vetmedin 1.25mg TID, Sildenafil- 10mg TID. Started theophylline 1/4 of 2.5mg BID 3/27.
Sedation used: Not required to complete full diagnostic ultrasound.
Pertinent previous ultrasound results (11/18/25 MML): CVD stage B2, PAH severe. PCE with mild RHE. TR; 4.5, LA: 1.9, LV: 2.8.

STAT: Offered and declined at this time.
Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve appears thickened with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate to severe left atrial enlargement. No LV dilation with adequate myocardial function. The tricuspid valve appears thickened with mild tricuspid regurgitation. TR velocity consistent with severe pulmonary hypertension. Mild right heart enlargement. MPA and branch appear normal. The pulmonic and aortic valves are normal in morphology and mobility. No pulmonic insufficiency. Normal pulmonic and aortic outflow velocities. Scant pericardial and no pleural effusion. 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	6.5	4.6	NM	2.0	58	90	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)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	160	1.3	1.3	4.5	2.2	2.7	1.0
*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)

Adapted from June Boon, Veterinary Echocardiography, 1998

Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435	35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Hansson et al, Vet Rad and Ultrasound 2002	40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
Bonagura et al. Echocardiography: principles of interpretation, Vet	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 quite similar. Severe pulmonary hypertension is unchanged with mild right heart enlargement. The left heart disease remains relatively stable as well with a slight increase in LA dimension. No additional issues are seen.

Given these findings, scant pericardial effusion is likely this patient's chronic presentation rather than a cause for a recent breathing change. Given a lack of response to Lasix, returning to the prior dose is recommended with a further workup for a suspected respiratory issue. All additional medications should be continued.

Omega fatty acid supplementation may be of some long-term benefit.

Elective anesthesia is not advised.

Monitor for development of a labored breathing, exercise intolerance or collapse episodes.

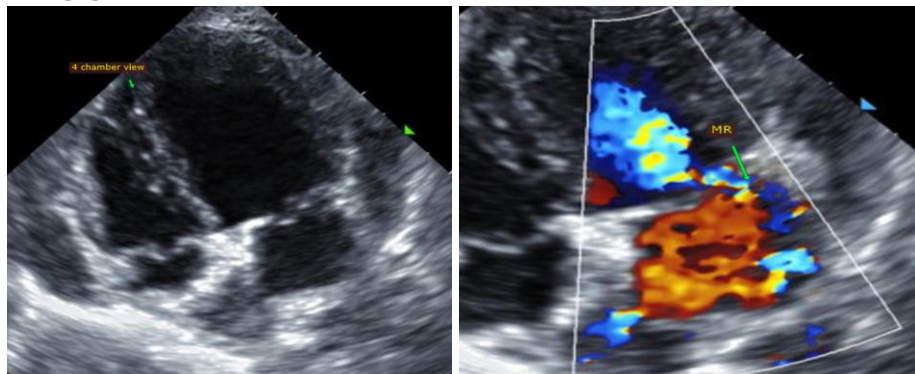
PLAN:

Continue Sildenafil, Pimobendan, Spironolactone, Enalapril and Lasix as previously described. Further workup for a change in respiratory disease may be necessary. Consider a course in antibiotics, pending response to Terbutaline.

Recommend monitor renal panel and BP every 3-4 months lifelong.

Recommend recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs develop 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.

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.

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