



**PATIENT**

Kobe Cassel

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Male Intact

**AGE**

15 years

**WEIGHT**

12.6lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

A. Nicastro, DVM

**HOSPITAL NAME**

Dunes Veterinary Clinic

**REFERRING VET**

Dr. Soileau

**INVOICE**

47098

**DATE**

3/4/26

**PRESENTING CLINICAL SIGNS**

History: Presented for general malaise. Ascites. Grade 5/6 heart murmur.  
- Abnormal PE/Chem/CBC/UA Results: Albumin - 2.7, Globulins - 2.1, BUN – 39, ALT – 238.

**ECHOCARDIOGRAM FINDINGS**

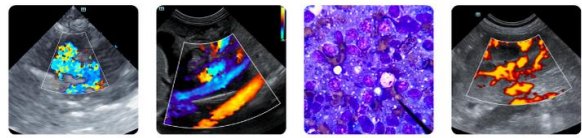
2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. There is moderate eccentric mitral regurgitation present. The MR velocity is normal. Moderate left atrial enlargement. Mild left ventricular dilation with adequate myocardial function. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. The main pulmonary artery is mildly dilated. Moderate right atrial and ventricular enlargement. No septal flattening. The tricuspid valve is thickened with septal prolapse and moderate tricuspid regurgitation. Velocity consistent with moderate pulmonary hypertension. Normal aortic and pulmonic outflow velocities. Trace pulmonic insufficiency. No aortic insufficiency. No pericardial effusion. No pleural effusion or cardiac masses are seen.

**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>	5.0	4.0	NM	1.8	41	76	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	0.8	1.2	5.7	2.7	2.9	1.7
<i>*Normal chamber parameters expressed as a mean value (SD)</i>				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 causing moderate mitral and tricuspid regurgitation is identified. Moderate left atrial dilation indicates the risk for imminent spontaneous left-sided congestive heart failure is relatively low. More importantly, there is moderate right heart enlargement with evidence of moderate pulmonary hypertension. The degree of pressure overload is less significant than the degree of volume overload. Regardless, the patient does



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have biventricular enlargement, making ascites is likely due to right-sided CHF. Fluid sampling is advised to ensure no ancillary cause is identified.

Full lifelong cardiac supportive medications is recommended as below including diuretic therapy and Sildenafil.

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a worsening cough, labored breathing, exercise intolerance or worsening collapse episodes. Monitoring of sleeping breathing rates is recommended as the best way to screen for progression to CHF at home. Unfortunately, there is high risk for recurrent spontaneous CHF, worsening cough and/or malignant arrhythmias and sudden death in the future. The prognosis with this degree of disease is poor, with most dogs able to maintain a good QOL on medications for an average of 8-12 months.

Elective anesthesia is not advised.

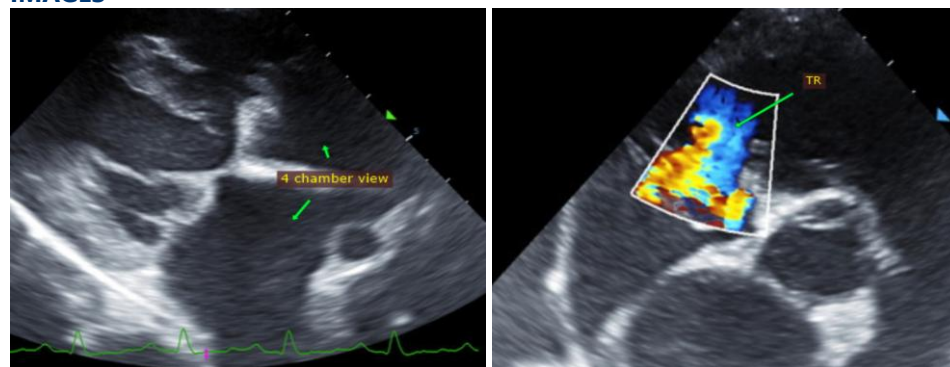
**PLAN**

Institute Spironolactone 1-2mg/kg PO q12h. Institute Sildenafil 1-2mg/kg PO 8h. Institute Lasix 1-2mg/kg Po q12h. Institute Pimobendan 0.3mg/kg PO q12h. Pending BP > 130mmHg, institute ACE-I 0.5mg/kg Po q12h. Fluid sampling is recommended to ensure no ancillary cause for ascites is identified.

Recheck renal values and BP in 1-2 weeks, then every 3-4 months on diuretic therapy.

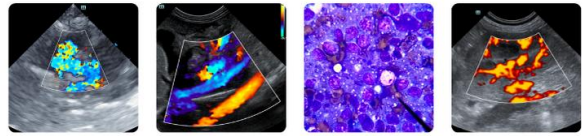
A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

**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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**Maggie Machen Lamy, DVM**

**Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**

[info@sonopath.com](mailto:info@sonopath.com)