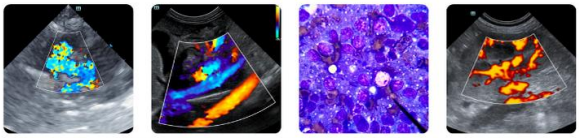

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.thefocalzone.com info@thefocalzone.com 298.808.2608

PATIENT

Stella Tomasin

SPECIES

Canine

BREED

Poodle Mix

SEX

Female Spayed

AGE

15.5 years

WEIGHT

20.3lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

Headon Forest AH

REFERRING VET

Dr. Martin

INVOICE

47117

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3/5/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. PE 2/13/26 BAR, normal hydration, pink CRT, score 1 pain for arthritis. SQ masses, bilateral cataracts, moderate dental tartar. Panting throughout exam, increased lung sounds bilaterally, no crackles or wheezes heard. Bilateral grade 3-4/6 heart murmur systolic, no arrhythmia. Has been on Flexadin, Furosemide 20mg BID, Vetmedin 2.5 BID. Increased cough last few months.
-Pertinent previous echo findings (2/2025 MML): CVD B2. Moderate MR, moderate LAE, mild LVE, trace TR. LA: 2.5, LV: 3.3.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. Normal MR velocity. Mild LV dilation with hyperdynamic myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. 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	5.3	2.2	NM	2.2	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	100	1.3	1.2	9.2	3.2	3.6	1.5
*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)
Adapted from June Boon, Veterinary Echocardiography, 1998				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
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 Clin North Am 15:1177, 1995				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with continued evidence of progression. Severe mitral regurgitation has increased quantitatively, and the left heart is progressively dilated. This

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would suggest the risk for spontaneous congestive heart failure is elevated going forward. No additional issues are identified.

Even without significant respiratory changes, it is reasonable to initiate Spironolactone and an ACE-I at this time as below given apparent progression. Lasix is only necessary if CHF has been diagnosed. Prognosis is guarded long-term (stage late B2), and patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Omega fatty acid supplementation and mild salt restriction remain recommended. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Serial monitoring of SRRs is recommended as the best way to screen for progression towards CHF at home.

Elective anesthesia is not advised, as there is high risk for complication. Should you elect to proceed, cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso or sevoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 cage. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Moderate IV fluid restriction is recommended to avoid fluid overload, while considering comorbidities, hydration status, BP, etc. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

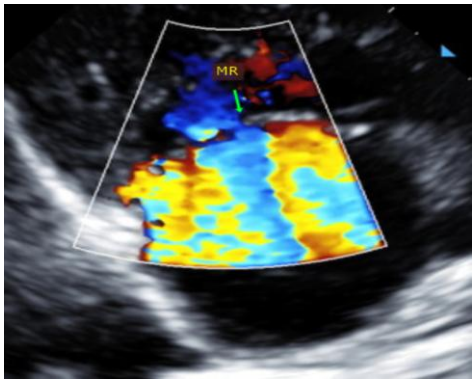
PLAN

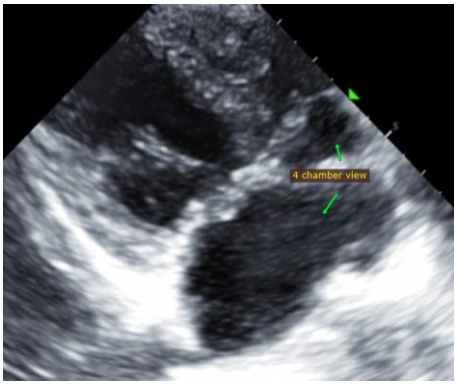
Continue Pimobendan as prescribed. Institute Spironolactone 1-2mg/kg PO q12h. Institute ACE-I 0.5mg/kg PO q12h. Lasix is only necessary if CHF has been diagnosed. Consider Hydrocodone if needed for QOL.

Recheck renal vales and BP in 1-2 weeks then every 4-6 months lifelong.

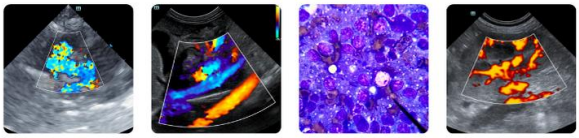
Recommend conservative monitoring with a recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise.

IMAGES





The information and recommendations provided are based on the images presented by the



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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