



PATIENT

Abby Noble

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

14 years

WEIGHT

9.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Cole England, DVM

HOSPITAL NAME

Blue Cross Animal
Clinic

REFERRING VET

Dr. Solan

INVOICE

47548

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of possible CHF. Cough at night and when drinking. No murmur at most recent exam.

-Current medications: Pimobendan 0.75ml q12h, Furosemide 5mg q12h, Enalapril 2mg q24h, Spironolactone 4mg q12h.

-Pertinent previous echo findings (6/2023 MML): CVD severe with a history of CHF. Severe MR, severe LAE, mild LVE. LA: 1.8, LV: 2.5. Continue full cardiac support.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trace/mild eccentric mitral regurgitation with no left atrial dilation (LA:Ao <1.4). Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with no significant tricuspid regurgitation. 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 and trace 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	NM	NA	1.4	1.3	47	90	0.2
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	0.5	0.6	4.2	1.3	1.9	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)
				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

Unusual case. In the last three years, the patient has gone from severe disease to essentially trivial findings. This is highly unusual to see, as most cases of severe disease will continue to progress despite medical management. There is a small subset, however, that can experience this



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path with improvement overall. Regardless, this is good news with no LA or LV dilation identified at this time.

Based upon these findings, it is likely reasonable to wean at least some of the medications. Spironolactone and Enalapril can be discontinued and Lasix can be weaned over the next 1-2 weeks. For the time being, continuing Pimobendan is recommended.

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

Assessment of progression in the future will help predict long term prognosis, which is highly variable with stage B1 disease. Many B1 dogs will remain asymptomatic with slow progression for years to come.

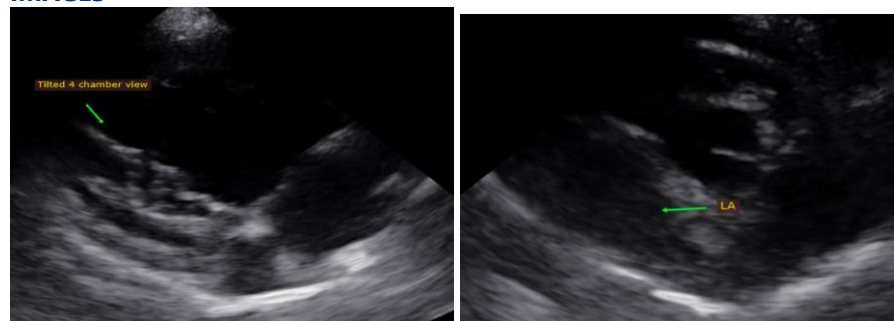
No cardiac contraindication for general anesthesia prior to chamber enlargement.

PLAN

Discontinue Enalapril and Spironolactone. Wean Lasix by 50% for 1 week, then discontinue. Continue Pimobendan as prescribed.

Recommend conservative monitoring with a recheck echocardiogram in 6 months. If findings remain stable, Pimobendan can also be discontinued.

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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