

PATIENT

Charlie Batterson

SPECIES

Canine

BREED

Havanese

SEX

Male Neutered

AGE

16 years

WEIGHT

14.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Salt Marsh Animal
Hospital

REFERRING VET

Dr. Thompson

INVOICE

47552

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Dry cough. On Vetmedin and Prednisone 2.5mg q48h for suspected Rhinitis.
-Pertinent previous echo findings (10/2024 BS): CVD B2 with mild PH.

ECHOCARDIOGRAM FINDINGS

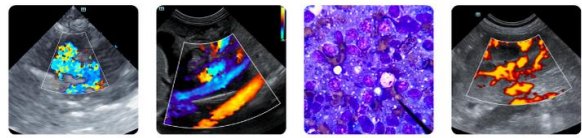
2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with moderate left atrial dilation (LA:Ao > 1.6). Mildly increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened, with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic and trace pulmonic insufficiency. No pericardial or pleural effusion noted. 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	5.8	3.0	1.7	1.8	60	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	1.3	1.0	6.4	2.7	3.3	1.6
*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

Chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication; however, risk for progression to spontaneous congestive heart failure in the future is elevated. Early pulmonary hypertension is noted, which is likely secondary to a reported cough. No additional issues such as pulmonary hypertension are identified. Compared to the prior report, findings appear similar.



PATIENT

Charlie Batterson

SPECIES

Canine

BREED

Havanese

SEX

Male Neutered

AGE

16 years

WEIGHT

14.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Salt Marsh Animal
Hospital

REFERRING VET

Dr. Thompson

INVOICE

47552

DATE

4/14/26

Given these findings, continued Pimobendan is indicated in this patient as below. An ACE-I could also be considered, pending BP assessment. Assessment of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (B2). Fifty percent of stage B2 patients typically develop CHF within 2-2.5 years of diagnosis. The median time to development of CHF in B2 cases treated with pimobendan is 3.5 years.

While mainstem bronchi compression may certainly be contributing to an increase in coughing, other primary airway contributions should also be considered (tracheal collapse, COPD/chronic bronchitis, etc.). Consider hydrocodone for any mechanical component due to cardiomegaly. If the cough is poorly controlled and/or progresses long term, pulmonary hypertension (PAH) can develop secondarily. Signs of clinically relevant PAH include exertional dyspnea or exertional syncope. It is important to note that PAH does not cause the cough; rather, the cough leads to PAH.

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

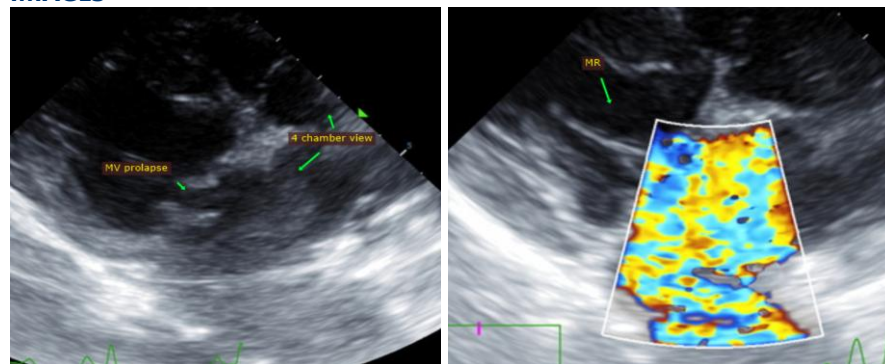
Anesthetic risk is considered mildly elevated. Pre-oxygenate for 5-10 minutes prior to induction. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and/or hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

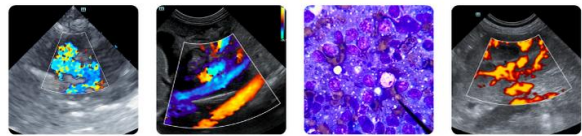
Continue Pimobendan 0.3mg/kg PO q12h. Baseline BP recommended, if > 130mmHg, institute ACE-I 0.5mg/kg PO q12h. Consider Hydrocodone and/or further cough evaluation as indicated.

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of additional clinical signs 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



PATIENT

Charlie Batterson

SPECIES

Canine

BREED

Havanese

SEX

Male Neutered

AGE

16 years

WEIGHT

14.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

A. Nicastro, DVM

HOSPITAL NAME

Salt Marsh Animal
Hospital

REFERRING VET

Dr. Thompson

INVOICE

47552

DATE

4/14/26

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