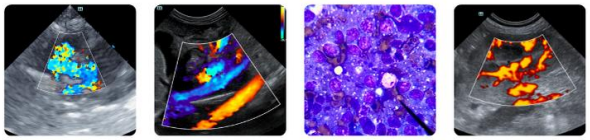


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Chico Young

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

17.1 years

WEIGHT

11.1lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Brian Barnes, DVM

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

47568

DATE

4/15/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Syncope. Significant weight loss/cardiac cachexia. Suspected ascites. On Vetmedin 2.5 mg AM and 1.25 mg PM, Furosemide if needed. Grade 3-4/6 heart murmur.
Abnormal PE/Chem/CBC/UA Results: CBC: RBC 5.06 (N 5.65-8.87) Hct 35.5 (N 37.3-61.7) HGB 12.5 (N 13.1-20.5) Plt 589 (N 148-484) PCT 0.60 (N 0.14-0.46) Chem: Creat 32 (N 44-159) K 6.2 (N 3.5-5.8) Cl 108 (N 109-122) TT4 56 (N 13-51).
-CXR: moderate generalized cardiomegaly. No left-sided CHF; however, ascites is noted.
-Pertinent previous echo findings (5/2025 KB): Stable CVD. Moderate MR, no LAE or LVE, mild AI, no RHE, mild to moderate TR: 2.5m/s. Was on Pimobendan at that time.

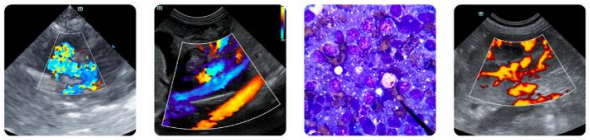
ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened with marked prolapse into the left atrial lumen. There is severe eccentric mitral regurgitation present. The MR velocity is normal. Severe left atrial enlargement. There is severe left ventricular dilation. Left ventricular systolic function is hyperdynamic. 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 dilation. The tricuspid valve is thickened with septal prolapse and severe tricuspid regurgitation. Velocity consistent with severe pulmonary hypertension. Mild aortic insufficiency. No pericardial or pleural effusion. No cardiac tumors.

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	5.2	4.4	>2.0	2.5	60	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	NM	2.0	1.0	5.1	3.2	3.2	1.3
*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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995



PATIENT

Chico Young

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

17.1 years

WEIGHT

11.1lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Brian Barnes, DVM

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

47568

DATE

4/15/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing severe mitral and tricuspid regurgitation is identified. Severe left atrial dilation indicates the risk for spontaneous left-sided congestive heart failure is elevated. Additionally, there is significant pulmonary hypertension present based upon the TR velocity and appearance of the right heart/MPA, which puts the patient at risk for right-sided congestion, and/or syncope (both which are seen in this case). Finally, a small aortic valve insufficiency is noted, and a baseline BP is recommended. No additional issues are seen. Compared to the prior report, there is certainly evidence of progression.

Given these findings, reported syncope and abdominal effusion are certainly cardiogenic in origin and full lifelong cardiac supportive medications should be administered going forward, including twice daily Lasix dosing. Unfortunately, even if able to be stabilized this patient is considered end stage. There will always remain high risk for spontaneous CHF, worsening cough, malignant arrhythmias and sudden death in the future. The prognosis with this degree of disease is poor to grave, and our goal is to stabilize the patient for the short term.

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.

Elective anesthesia is not advised.

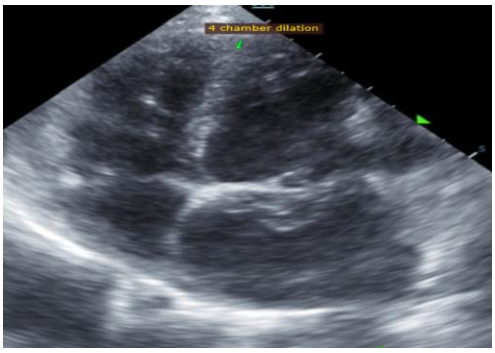
PLAN

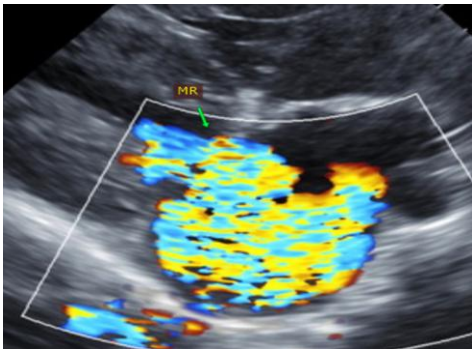
Therapeutic abdominocentesis as needed for discomfort/inappetence. Institute Spironolactone 1-2mg/kg PO q12h. Institute Sildenafil 1-2mg/kg PO 8h. Institute Lasix to 1-2mg/kg PO q12h. Continue Pimobendan 0.25-0.3mg/kg PO q12h. Institute ACE-I 0.5mg/kg PO q12h (pending BP >130mmHg).

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

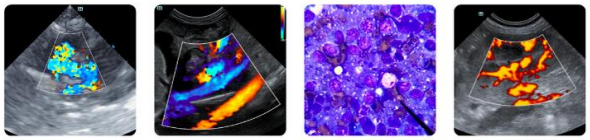
A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

IMAGES





SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Chico Young

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

17.1 years

WEIGHT

11.1lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Brian Barnes, DVM

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

47568

DATE

4/15/26

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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com