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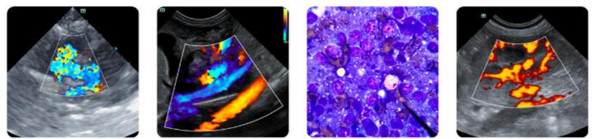


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Abbey Squitiere

SPECIES
Canine

BREED
Chihuahua

SEX
Female Spayed

AGE
13.6 years

WEIGHT
11lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Renee Trionfetti, VMD

HOSPITAL NAME
Country Companion Animal Hospital

REFERRING VET
Dr. Wanner

INVOICE
47624

DATE
4/21/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 5/6 heart murmur with irregular rhythm. Grade 4-5/6 heart murmur. BP: 140mmHg. On Pimobendan. Sedated with Torb and Alfaxalone.
-Pertinent previous echo findings (11/2024 MML): CVD B2. Moderate MR, moderate LAE, mild LVE, mild TR. LA: 2.0, LV: 3.0.

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 severe left atrial dilation. Normal MR velocity. Moderately increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears subjectively normal, 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. Moderate aortic and no 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	5.5	3.0	1.8	2.2	55	88	0.1

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	3.0	1.2	4.9	2.5	3.3	1.5

*Normal chamber parameters expressed as a mean value (SD)

BODY WEIGHT (kg)	LA	LVIDd	LVIDs
3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
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)

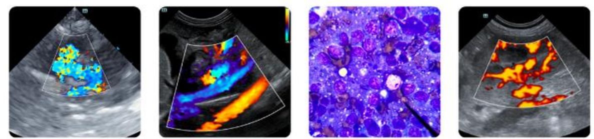
BODY WEIGHT DEPENDENT PARAMETERS

***Note:** *All measurements based upon multi-modal images and methods. An average value is reported.*

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with continued evidence of progression. Moderate mitral regurgitation is now severe, and the left heart is progressively dilated. This would suggest the risk for spontaneous congestive heart failure is elevated going forward. Early pulmonary hypertension has developed, and the aortic insufficiency is increased. No additional issues are identified.



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Even without significant respiratory changes, it is reasonable to initiate Spironolactone and an ACE-I at this time as below given apparent progression. 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.

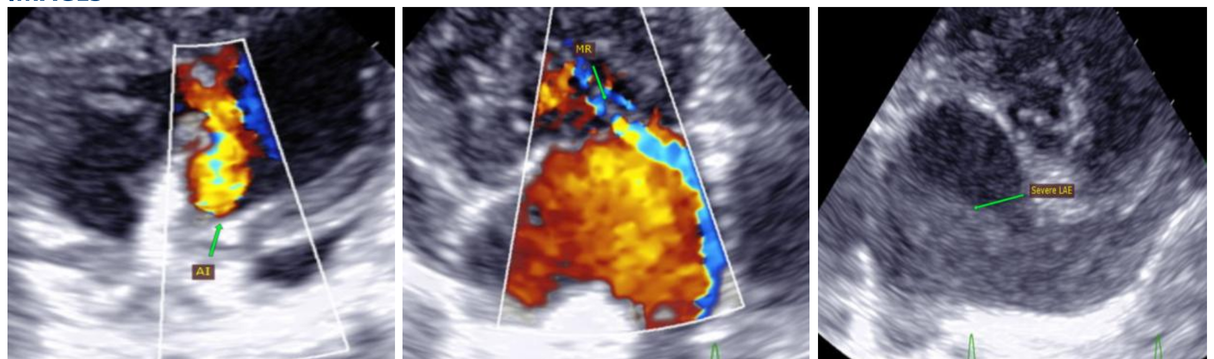
PLAN

Continue Pimobendan as prescribed. Institute Spironolactone 1-2mg/kg PO q12h. Institute ACE-I 0.5mg/kg PO q12h. Consider Hydrocodone if needed for QOL.

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

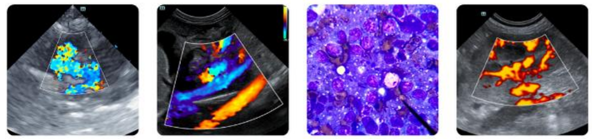
Recommend conservative monitoring with a recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise.

IMAGES



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



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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