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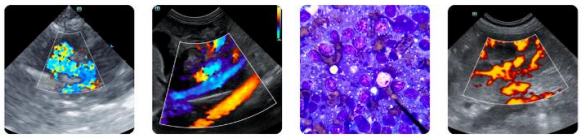

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PATIENT

Rita Cary

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

13 years

WEIGHT

10.4lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

North Fork Veterinary Clinic

REFERRING VET

Dr. Jordan

INVOICE

47649

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. DVD - diagnosed with mild LAE. Pimobendan initiated (outside cardiac vet); 08/2023. Recheck echo, no findings available, furosemide and enalapril initiated, pimobendan dose increased (outside cardiac vet); 11/2024. Congestive heart failure (CHF) - suspected based on clinical sign (coughing) and furosemide administration, date not provided; 5/27/25. Degenerative Valve Disease; ACVIM C, severe LAE, borderline LVEH, mod/severe MR, trace TR; 5/31/25. Echo performed 9/2025 and showed similar findings with no change in medications. Pimobendan 1.56mg BID, Enalapril 2.5mg BID, Furosemide 6.25mg BID, Spironolactone 6.25mg PO BID.
Abnormal PE/Chem/CBC/UA Results (3/2026) showed hypochloremia 102 mmol/L (108-119 mmol/L), mild hyperalbuminemia 4 g/dl (2.2-3/9 g/dl).
-Pertinent previous echo findings (9/2025 MML/LSJ): CVD severe. History of CHF. Severe MR, severe LAE, mild LVE, mild TR, mild PAH: 3.0m/s. LA: 2.2, LV: 2.6.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened with prolapse into the left atrial lumen. There is severe eccentric mitral regurgitation present. The MR velocity is normal. There is severe left atrial enlargement. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. Mild right atrial and ventricular dilation (subjective). Mild thickening of the tricuspid valve with mild TR. Normal velocity. The aortic valve appears trileaflet with normal mobility. No significant AI. There is normal systolic flow velocity across the aortic valve. The main pulmonary artery is normal in diameter. The pulmonic valve is normal in appearance. Flow through the RVOT/PV is normal in velocity. Trace PI. No pericardial/pleural effusion or cardiac masses are seen.

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	5.7	2.7	2.1	2.0	52	86	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	NM	1.1	0.9	4.7	2.2	2.5	1.2
*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)

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

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Bonagura et al. Echocardiography: principles of interpretation, Vet	50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior evaluation findings are similar, which is good news given the time frame. Severe MR and mild TR are unchanged, with stable four chamber dimensions. Previously noted pulmonary hypertension is not apparent and no additional issues are seen.

Given these findings, continuing full cardiac support is recommended as previously described. It sounds like the patient is doing well and changes are unnecessary.

Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home. Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates. If able to be stabilized, the average survival time of canine patients with active pulmonary edema is 8-9 months on medications; however, most are able to maintain a good quality of life for that period on medications. 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 may also be of some long-term benefit. Monitor for acute progression of the cough, labored breathing, exercise intolerance or collapse episodes in the future.

Elective anesthesia is not advised, as there is high risk for complication.

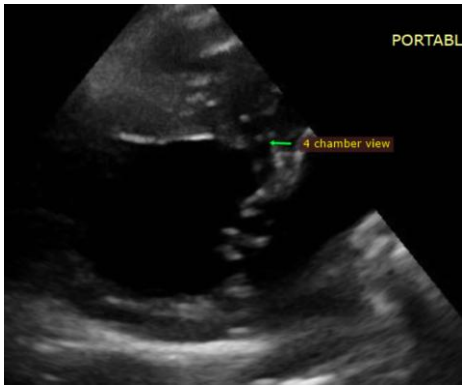
PLAN

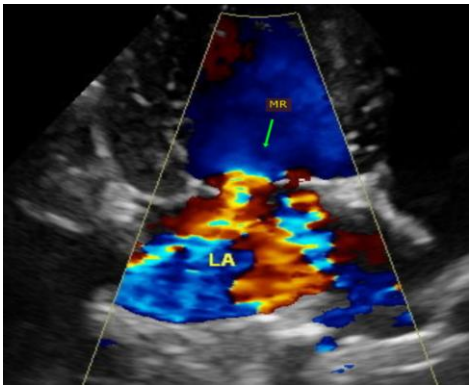
Continue Enalapril, Pimobendan, Furosemide and Spironolactone as prescribed.

Monitor renal values and BP every 3-4 months while on diuretics to ensure tolerance of medications. Consider hydrocodone if needed for QOL.

Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of associated clinical signs occurs in the interim.

IMAGES





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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