



PATIENT

Enzo Moehring-Adkins

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

8 years

WEIGHT

10.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Animal Care Center

REFERRING VET

Dr. Rehnbloom

INVOICE

47659

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: Progressive, now grade 5/6 heart murmur. Asymptomatic. Tense on abdomen palp.
4dx: Anaplasmosis + CBC: unremarkable Chem: BUN 32. Sedated with Trazadone.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is severely diffusely thickened with mild prolapse of the anterior leaflet into the left atrial lumen. There is marked eccentric mitral regurgitation present. The MR velocity is normal. There is marked left atrial enlargement. There is marked left ventricular dilation with increased sphericity. Left ventricular systolic function is mildly depressed. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. The main pulmonary artery is prominent. Mild right atrial and right ventricular dilation. The tricuspid valve is mildly thickened with moderate tricuspid regurgitation. Velocity is indicative of mild pulmonary hypertension. No PI or AI. Scant to small volume pericardial effusion. No 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	4.8	3.3	NM	2.8	38	70	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	1.2	0.9	4.8	2.8	4.0	2.5
*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 marked mitral and moderate tricuspid regurgitation. Marked left atrial and ventricular enlargement indicates the risk for spontaneous congestive heart failure is elevated. There is also concurrent mild pulmonary arterial hypertension present, which is likely secondary to LA pressure. No additional issues are seen.

Pericardial effusion in a patient with this severe of heart disease is likely due to early congestion.



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Even without symptoms, recommend institute lifelong medical support as below. Prognosis is guarded to poor long term, with risk for progression to fulminant CHF, malignant arrhythmias, and/or sudden death in the future.

Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home. Cough suppression with hydrocodone (up to q4-6 hours) may also be helpful.

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 collapse episodes.

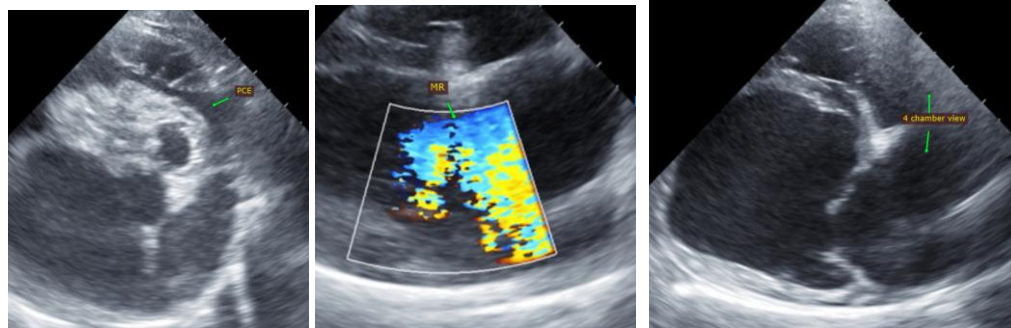
PLAN

Institute Pimobendan 0.3mg/kg PO q12h. Institute furosemide 1-2mg/kg PO q12h. Institute Spironolactone 1-2mg/kg PO q12h.

A renal panel and BP are recommended in 10-14 days following the above changes, then every 3-4 months going forward. If BP > 130mmHg and patient is doing well at home, institute ACE-I (benazepril or enalapril) 0.5mg/kg PO BID.

A full recheck echocardiogram is recommended in 4-6 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 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

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