



PATIENT

Bella Pasucci

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female Spayed

AGE

9 years

WEIGHT

58.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kuzimski, DVM

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

47435

DATE

4/6/26

PRESENTING CLINICAL SIGNS

History: Collapsed 4-4-26 on a walk. Increased respiratory effort at night. Coughing for the past week. Grade 2-3/6 heart murmur. Pulses weak. heart more readily present today EPOC. BUN 34, creatinine 1.55, pH 7.340 BP: 146mmHg.
CXR report: CHF; improved after lasix

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 120bpm (range 65-150bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with respiratory variation.

ECHOCARDIOGRAM FINDINGS

Limited 2D and m-mode imaging is available. Color flow and spectral doppler are non-diagnostic. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Moderate left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal. Normal right atrial and ventricular diameter and morphology (subjective). No pericardial or pleural effusion noted. No obvious cardiac masses.

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 | NM | NM | NM | 1.8 | 55 | 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 | NM | NM | 26.7 | 3.4 | 4.4 | 2.0 |
| *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



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Incomplete study. What can be said is the LV dimensions and function are normal, ruling out typical DCM-phenotype. The LA is moderately dilated, suggesting some risk for complication in the future. The valves are inadequately assessed, although given a heart murmur the likely diagnosis is chronic degenerative valve disease causing some degree of mitral regurgitation. No further comment can be made such as to rule out pulmonary hypertension or ancillary pathology. The ECG is normal with a respiratory sinus arrhythmia.

This patient was recently diagnosed with CHF, which is a clinical and radiographic diagnosis that can only be supported by ultrasound. Moderate disease typically suggests CHF is unlikely; however, if the CXR findings were conclusive and the patient responded to diuretic therapy then this is the presumed diagnosis. If there is any question, other possibilities such as a primary respiratory issue should be considered.

If CHF is diagnosed, prognosis is poor long-term with an average survival time of <1 year. Patient will always be at risk for recurrent CHF, malignant arrhythmias and/or sudden death going forward.

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.

PLAN

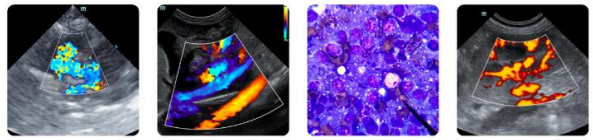
Assuming CHF is confirmed, continue Lasix 1-2mg/kg PO q12h. Regardless, continue Pimobendan 0.3mg/kg PO q12h. Institute Spironolactone 1-2mg/kg PO q12h. Pending BP >130mmHg, institute ACE-I 0.5mg/kg PO q12h. If there is any question, repeat CXR with a Radiologist review is recommended. Consider referral for a complete study once stable.

Monitor renal values and BP in 1-2 weeks, then every 3-4 months lifelong.

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

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)

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