


**PATIENT**

Hunter Laframboise

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Male Neutered

**AGE**

11 years

**WEIGHT**

8.4lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

 Dundas Animal  
 Hospital

**REFERRING VET**

Dr. Middleton

**INVOICE**

23982

**DATE**

5/3/22

**PRESENTING CLINICAL SIGNS**

 History: Recheck echo. Grade 2-3 murmur, HR 120, RR 30.  
 -Current medications: vetmedin 1.25mg BID, furosemide 10mg SID, Fortekor 1.25mg BID.  
 -Pertinent previous echo findings (11/2021 MML): Moderate MR, moderate LAE, mild LVE, mild TR, mild PAH: 3.0m/s. LA: 1.8, LV; 2.7.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior&gt;posterior) with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Normal MR velocity. Mildly increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or 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	5.0	2.1	NM	1.8	50	83	0.2
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	88	1.0	0.8	3.8	1.8	2.5	1.3
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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 persists without evidence of progression. Compared to the prior study, moderate mitral and mild tricuspid regurgitation are unchanged. The left heart dimensions are stable and previously noted pulmonary hypertension is not apparent. No additional issues are identified.

Given these findings, reasonable to continue Pimobendan and an ACE-I as previously recommended. Lasix is being administered without explanation; this should only be



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continued if CHF was documented. Otherwise, this can be discontinued. If elect to continue, BID dosing is considered superior due to the short half-life of the drug. Continue assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

### SPECIES

Canine

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.

### BREED

Chihuahua

Anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

### SEX

Male Neutered

### AGE

11 years

### PLAN

Monitor BP every 6 months is recommended. Continue Pimobendan and ACE-I as prescribed. Consider continue versus discontinue Lasix as discussed. If elect to continue, administer 1-2mg/kg PO q12h.

### WEIGHT

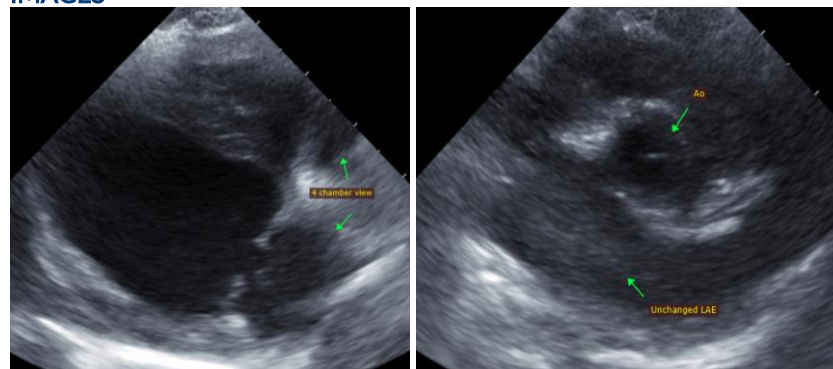
8.4lbs

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

### INTERPRETED BY

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

### IMAGES



### IMAGING PERFORMED BY

Kelly Reschny, RVT

### HOSPITAL NAME

Dundas Animal  
Hospital

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.

### REFERRING VET

Dr. Middleton

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.

### INVOICE

23982

Maggie Machen Lamy, DVM  
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### DATE

5/3/22