



PATIENT

Ozzy Smiley

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

14.6 years

WEIGHT

15.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Gillian Striano-Kaplan,
DVM

HOSPITAL NAME

Ramsey
Veterinary Hospital

REFERRING VET

Dr. Gillian Striano-
Kaplan

INVOICE

47788

DATE

5/7/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Seen 5/4 for hyporexia and general malaise. Grade 4/6 heart murmur. History mild CKD, Hepatopathy, Gallbladder sediment, Suspected OA, Anxiety. On Enalapril 2.5mg tab 1.5 t BID, Amlodipine 0.625mg tab 3 t SID, Vetmedin 2.5mg tab 1 t BID, Ursodiol 75 mg tab 1 t SID, Zyrtec 10mg tab 1/2 t SID, Trazodone 50mg tab 1/4 t BID, Cerenia 16mg tab 1 t SID.

Abnormal PE/Chem/CBC/UA Results: BP: 150mmHg. 5/4-SDMA 19, Crea 2.2, BUN 56, Phos 6.3, Potassium 5.8, Chloride 106, NA/K Ratio 25, Anion Gap 27, PLT 480, MONO 847, USG 1.014, PH 5.0, Cystatin 110, 4DX negative.

-Pertinent previous echo findings (12/2025 MML): CVD B2. MR, mild to moderate LAE, no LVE; improved from previous. 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 no prolapse into the left atrial lumen. Moderate mitral regurgitation with mild to moderate left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears subjectively normal, with no tricuspid regurgitation. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. 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	NM	NA	NM	1.75	33	58	0.3
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	2.0	1.3	7.0	2.2	3.0	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

No change compared to the prior study. The MR remains significant; however, the LA and LV dimensions are unchanged. No concurrent issues have developed.

Persistently stable findings with improved LA and LV dimensions. No additional issues have developed.

Given these findings, continued Pimobendan is recommended lifelong with no obvious indication for additional medications. Continued assessment of progression is recommended, with a guarded prognosis (stage B2). Patient may be at risk for development of CHF, 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.

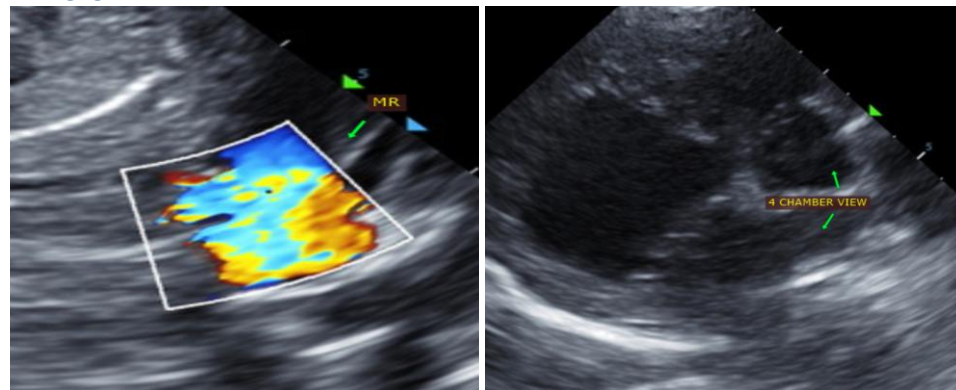
Anesthetic risk remains mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV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

PLAN

Baseline BP recommended every 6 months. If persistently elevated, consultation with IM recommended. Continue Pimobendan 0.25-0.3mg/kg PO q12h.

Recommend monitor for progression with a recheck echocardiogram in 6-9 months, sooner if any development of clinical signs.

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

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