



**PATIENT**

Matix Lyons

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Male Neutered

**AGE**

14 years

**WEIGHT**

21.6lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Loetitia St-Jacques,  
LVT/RVT

**HOSPITAL NAME**

Brighton Greens  
Veterinary Hospital

**REFERRING VET**

Dr. Janeway

**INVOICE**

25342

**DATE**

7/14/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Doing well.

-Current medications: Vetmedin 5mg am, 2.5mg mid-day and pm, Heartgard monthly, Lasix 25mg PO BID, Benazepril 5mg PO BID, Spironolactone 12.5mg PO BID.

-Pertinent previous echo findings (2/2022 MML): Severe MR, severe LAE, moderate LVE, mild TR. LA: 3.8, LV: 4.5. Syncope noted at that time and every exam prior.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Severe diffuse nodular thickening of mitral valve leaflets (anterior>posterior). Mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial enlargement. MR velocity is elevated. Moderate LV dilation with hyperdynamic myocardial function and evidence of volume overload. The tricuspid valve appears mildly thickened and prolapsing with mild tricuspid regurgitation. Mild right heart enlargement. The pulmonic and aortic valves appear normal in appearance and mobility. Normal pulmonic and aortic outflow velocities. No aortic and trivial pulmonic insufficiency noted. No pericardial or pleural effusion seen. No tumor 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	6.2	3.0	NM	2.8	58	88	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	139	1.3	1.1	9.8	4.0	4.4	1.9
*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 with evidence of stability. Persistent severe MR is noted with unchanged left heart enlargement. Pulmonary pressures are mildly elevated, which was likely underestimated previously given the chronicity of disease. Mild right heart enlargement should be monitored going forward. No additional issues are identified.



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Matix Lyons

Given that the patient is doing well, no change to the current medications is recommended. Continue to monitor as was previously advised.

**SPECIES**

Canine

Omega fatty acid supplementation and mild salt restriction continue to be recommended. Monitor for development of a progressive cough, labored breathing, exercise intolerance or worsening collapse episodes. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home. Prognosis is poor once CHF develops with an average survival time of <1 year. Patient will always be at risk for recurrent CHF, development of arrhythmias and/or sudden death in the future.

**BREED**

Boston Terrier

**SEX**

Male Neutered

**PLAN**

Continue 4 medications as prescribed.

**AGE**

14 years

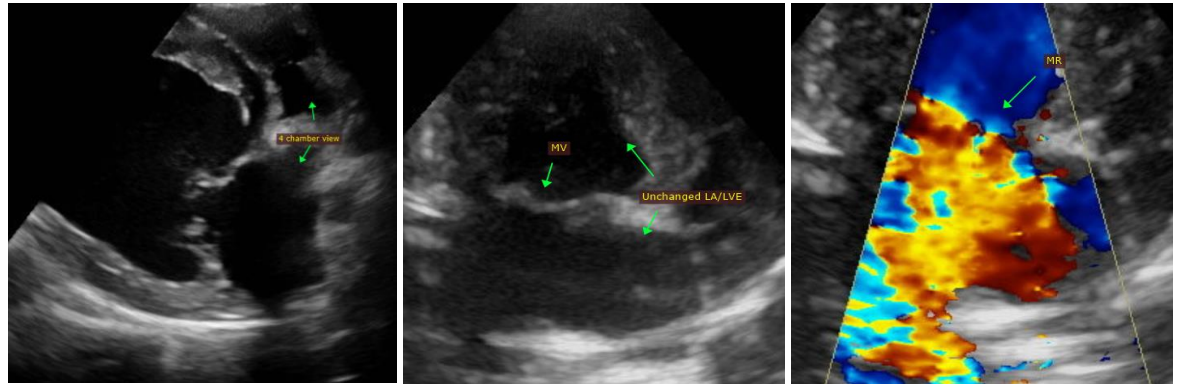
Monitor renal values/BP every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

**WEIGHT**

21.6lbs

**IMAGES**



**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

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.

**IMAGING PERFORMED BY**

Loetitia St-Jacques,  
LVT/RVT

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.

**HOSPITAL NAME**

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Veterinary Hospital

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Dr. Janeway

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
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