



PATIENT

Lala Marin

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

11 years

WEIGHT

4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Ng

INVOICE

32256

DATE

8/9/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 4/6 systolic murmur, Chronic C+
-Current meds: Lasix 6.25mg BID, Benazepril 1.3mg BID, Amlodipine 0.4mg SID, pimobendan 0.625 BID, spironolactone 6.25mg BID
-Abnormal PE/Chem/CBC/UA Results: BUN 98, SDMA 18.4, CRE 1.3.
-Pertinent previous echo findings (8/2022 MML): Severe MR, severe LAE, mild LVE. LA: 2.2, LV: 2.5.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and Doppler imaging are available. Diffuse thickening of mitral valve leaflets (anterior > posterior) with marked prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. Mild LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened, with no tricuspid regurgitation. No significant right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No pulmonic or aortic insufficiency. No pericardial or pleural effusion. No obvious cardiac tumors.

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	5.4	NA	1.7	2.0	53	86	0.1
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	130	0.9	0.6	1.8	2.1	2.5	1.2
*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 persists with overall stability. Compared to the prior study, there is no evidence of progression in left heart dilation, despite a persistently severe MR. No right-sided disease is appreciated, and no additional issues have developed.

Given these findings, continue all cardiac medications as previously prescribed. Monitor renal values and BP every 3-4 months lifelong Even with stability seen here, the average survival of canine patients with active pulmonary edema is 8-9 months on medications; however, they



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generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of renal values is recommended lifelong.

SPECIES

Canine

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.

BREED

Chihuahua

PLAN

Continue Lasix, ACE-I, Pimobendan and Spironolactone as previously recommended.

SEX

Female Spayed

A renal panel and BP are recommended every 3-4 months lifelong.

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

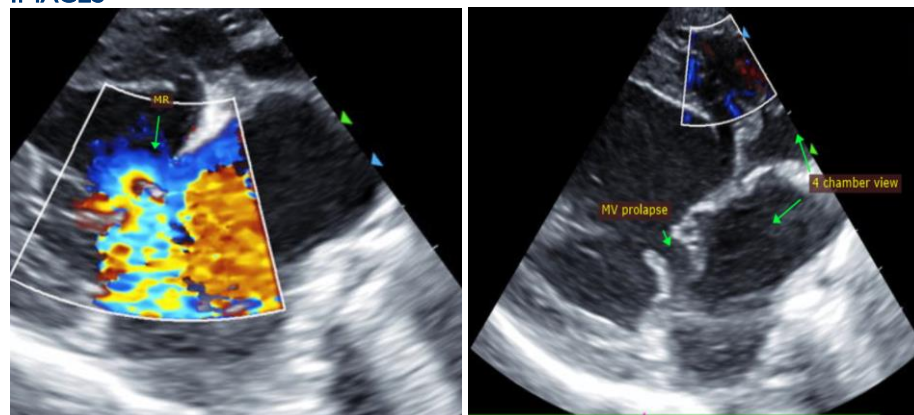
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IMAGES

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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.

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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.

REFERRING VET

Dr. Ng

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