



**PATIENT**

Amber Smith

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

**AGE**

7.5 Years

**WEIGHT**

6.8 Pounds

**INTERPRETED BY**

Laurent Locquet, DVM,  
 MRCVS, GPCert, (VC)  
 Diplomate, ECVIM-CA  
 (Cardiology)

**IMAGING PERFORMED BY**

Ginny Dodd

**HOSPITAL NAME**

Monroe Road AH

**REFERRING VET**

Dr. Marjorie Widay

**INVOICE**

35260

**DATE**

1/6/26

**PRESENTING CLINICAL SIGNS**

History: Second opinion requested. Taken to another vet yesterday and pet had a 6/6 murmur. Vet recommended euthanasia.

Abnormal PE/Chem/CBC/UA Results: BAR, few crackles heard, Grade VI/VI systolic murmur L, HR 160, no pulse deficits, BCS 5/5/9 No blood work or rads taken Began Benazepril and Pimobendan.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

<b>CANINE CARDIAC PARAMETERS</b>	<b>MR VMAX</b> (m/s)	<b>TR VMAX</b> (m/s)	<b>LA/AO</b> (M-Mode)	<b>LA/AO</b> (Heart Base; Swe)	<b>FS</b> (%)	<b>EF</b> (%)	<b>EPSS</b> (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.81	1.63	1.81	2.56	52	NM	0.21
<b>CANINE CARDIAC PARAMETERS</b>	<b>HR</b> (BPM)	<b>AV VMAX</b> (m/s)	<b>PV MAX</b> (m/s)	<b>BODY WEIGHT</b> (lbs)	<b>LAD</b> LA MAX 4 Chamber	<b>LVIDd</b> Avg; 2D and m-mode short axis (cm)	<b>LVIDs</b> Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	--	1.26	0.6	6.8 lbs	3.10	2.75	1.31

**Cardiac Presentation**

The mitral valve leaflets are moderately thickened with severe mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is moderately increased. Left ventricular internal dimensions during diastole are increased and systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with mild tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension based upon tricuspid regurgitant velocities. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses. A few B-lines were visible.

**ULTRASONOGRAPHIC FINDINGS**

- Myxomatous mitral valve disease, stage C with concomitant mild tricuspid valve regurgitation.



**PATIENT**

- A few B-lines visible

Amber Smith

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

There are reported signs of congestive heart failure, and the patient has degenerative valve disease stage C. Furosemide and pimobendan therapy is recommended. Furosemide at a starting dose of 2mg/kg PO q12. Pimobendan therapy at a dose of 0.27-0.32mg/kg PO q12 is recommended. These will likely be lifelong therapies. Recheck chest radiographs is recommended in 7-10 days along with blood work and a blood pressure. If the patient is doing well and the kidney values are within normal limits, recommend starting an ACE inhibitor (enalapril or benazepril 0.5mg/kg POq12-24) and spironolactone (2mg/kg PO q24). 2-3 weeks after starting ACE inhibition, repeat kidney values are recommended. If the patient is doing well, a recheck echocardiogram is recommended in 4-6 months. Blood work to assess these patients is recommended every 4-6 months.

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

**AGE**

7.5 Years

Regarding medical therapy, prognosis is around 11 months. Regarding surgical therapy, it depends on the surgical technique; for example, open heart surgery has a good outcome and can lead to restoration of the mitral apparatus but is only available in a few centers in the world.

**WEIGHT**

6.8 Pounds

Ideally, this diagnosis should be confirmed with a thoracic radiograph. If this is not possible, the recommendations and advice on medical therapy above, can be followed.

**INTERPRETED BY**

Laurent Locquet, DVM,  
 MRCVS, GPCert, (VC)  
 Diplomate, ECVIM-CA  
 (Cardiology)

**IMAGING PERFORMED BY**

Ginny Dodd

**HOSPITAL NAME**

Monroe Road AH

**REFERRING VET**

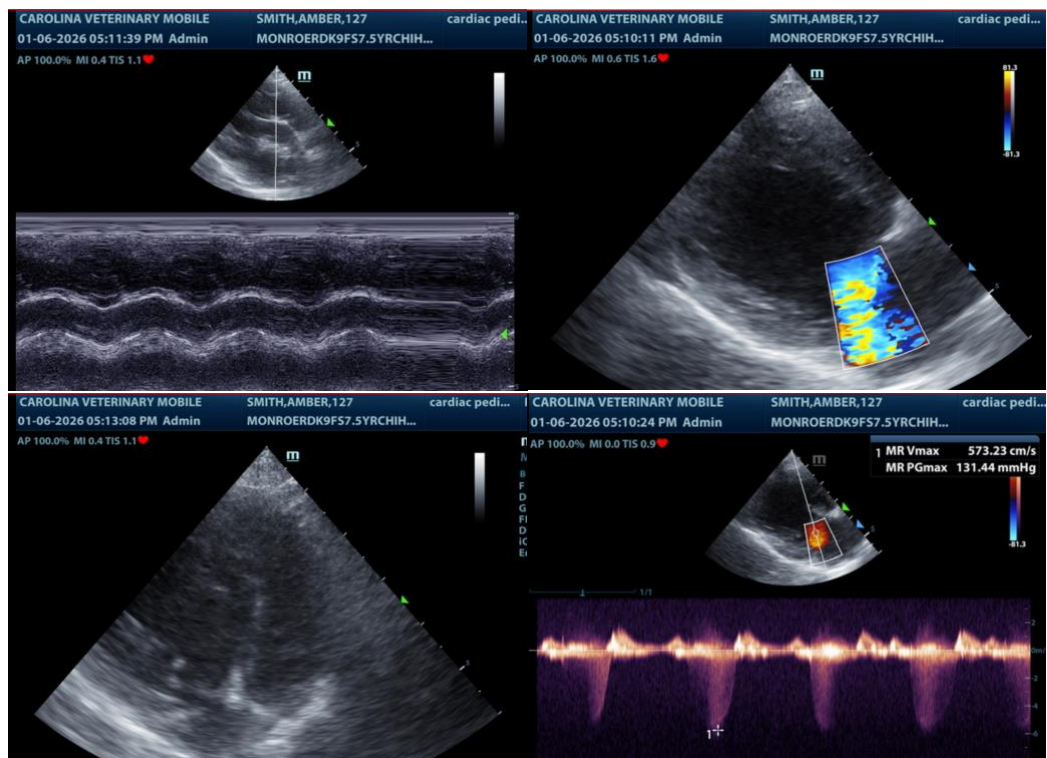
Dr. Marjorie Widay

**INVOICE**

35260

**DATE**

1/6/26





**PATIENT**

Amber Smith

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

**AGE**

7.5 Years

**WEIGHT**

6.8 Pounds

**INTERPRETED BY**

Laurent Locquet, DVM,  
 MRCVS, GPCert, (VC)  
 Diplomate, ECVIM-CA  
 (Cardiology)

**IMAGING PERFORMED BY**

Ginny Dodd

**HOSPITAL NAME**

Monroe Road AH

**REFERRING VET**

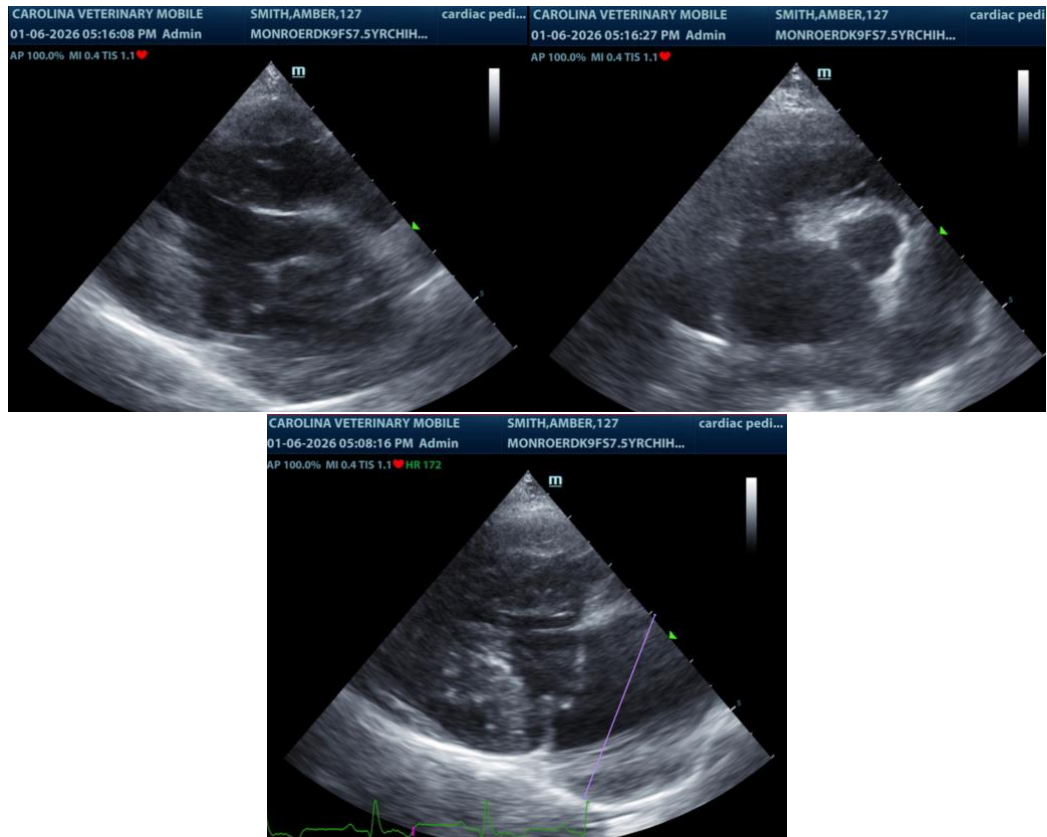
Dr. Marjorie Widay

**INVOICE**

35260

**DATE**

1/6/26



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Laurent Locquet, DVM MRCVS GPCert (VC) Diplomate ECVIM-CA**

[info@SonoPath.com](mailto:info@SonoPath.com)