



PATIENT

Phoebe Grimes

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

5.15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Heart + Paw Lake
Hopatocong

REFERRING VET

Dr. Marmolejo

INVOICE

35676

DATE

11/26/25

PRESENTING CLINICAL SIGNS

History: New pt seen in ER over weekend for CHF, radiographs showed pulmonary edema, cardiomegaly, and collapsing trachea. Pt was placed on O2 and received Lasix Current meds: Vetmedin 1.25mg 1/2tab BID, Gabapentin 15mg BID, Hycodan 0.3ml BID, Lasix 2.5mg BID, Benazepril 1.25mg SID.

Abnormal PE/Chem/CBC/UA Results: SDMA 15, BUN 43, K 5.5, CI 107

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	3.8	--	NM	1.61	55	87	0.29
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lb)	LAD LA MAX 4 Chamber	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				
PATIENT	--	0.98	0.61	5.15	2.64	2.89	1.29

Cardiac Presentation

The left atrial size is significantly enlarged in both views. The mitral valve shows degenerative changes consistent with previously diagnosed advanced myxomatous mitral valve disease. There is severe mitral valve regurgitation and partial prolapse of the mitral valve. The left ventricle is significantly enlarged. The myocardium presented with normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. Contractility of the ventricular walls was hyperdynamic. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural integrity. The right atrium and right auricle revealed normal size, structure, and content. No evidence of masses was noted. The tricuspid valve demonstrated no abnormalities. The right ventricle was normal in size (approximately 1/3 of the left ventricle). Normal myocardial echogenicity and thickness were noted. The pulmonic tract revealed normal valve structures. No visible pericardial effusion or pleural effusion was observed. No echocardiographically detectable evidence of infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible windows.

ULTRASONOGRAPHIC FINDINGS



PATIENT

- Progression of the previously diagnosed myxomatous mitral valve disease.

Phoebe Grimes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Continuation of Pimobendan and ace inhibitors is recommended. If the patient is clinically stable on the current dose of furosemide, then continue unchanged (otherwise, increase to 2.0 mg/kg twice per day). Recheck the kidney values and electrolyte values in 2 weeks, then perform echocardiographic recheck in 3 months, unless there are any concerns prior.

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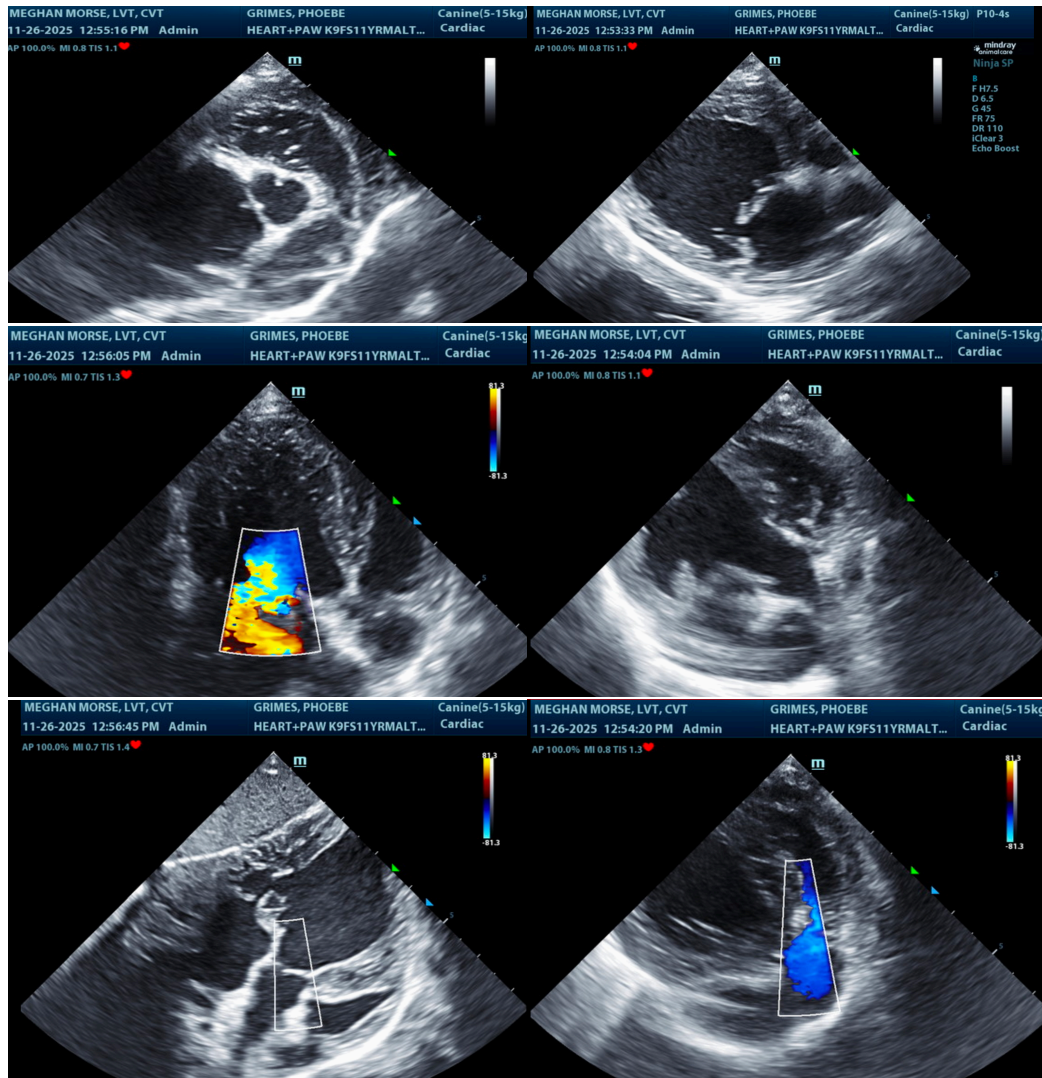
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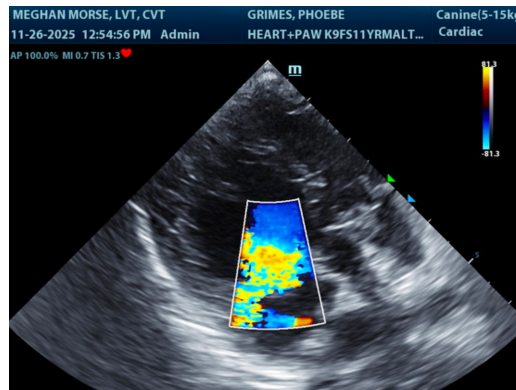
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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