



PATIENT

Latte Manis

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

16 Years 5 Months

WEIGHT

7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Armani

INVOICE

35968

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Recent Hx 11/4/25- CVD, Moderate secondary enlargement. Hx tracheal collapse, pancreatitis, currently NPO, Murmur grade 2-3 (ER visit- last night for collapse- BP was 220) coughing. Meds: Hydrocodone PRN 0.7 ml BID, Famotidine, Gabapentin.

Abnormal PE/Chem/CBC/UA Results: ALT 168, ALP 318, GGT 21, PSL 2999. BP last night at ER 220, BP here today 162/109, 163/91, 157/109.

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	5.83	--	NM	1.80	50	83	0.19
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	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	--	1.15	0.65	7 lbs	3.15	2.84	1.51

Cardiac Presentation

The mitral valve leaflets are moderately thickened with moderate 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 severe 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.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease, ACVIM stage B-2



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- Severe tricuspid valve regurgitation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

The patient has degenerative valve disease ACVIM stage B2 and pimobendan therapy at 0.27-0.32mg/kg PO q12 is recommended. This will be a lifelong therapy. A recheck echocardiogram is recommended in 6 months to monitor the condition since starting pimobendan. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest radiographs are recommended.

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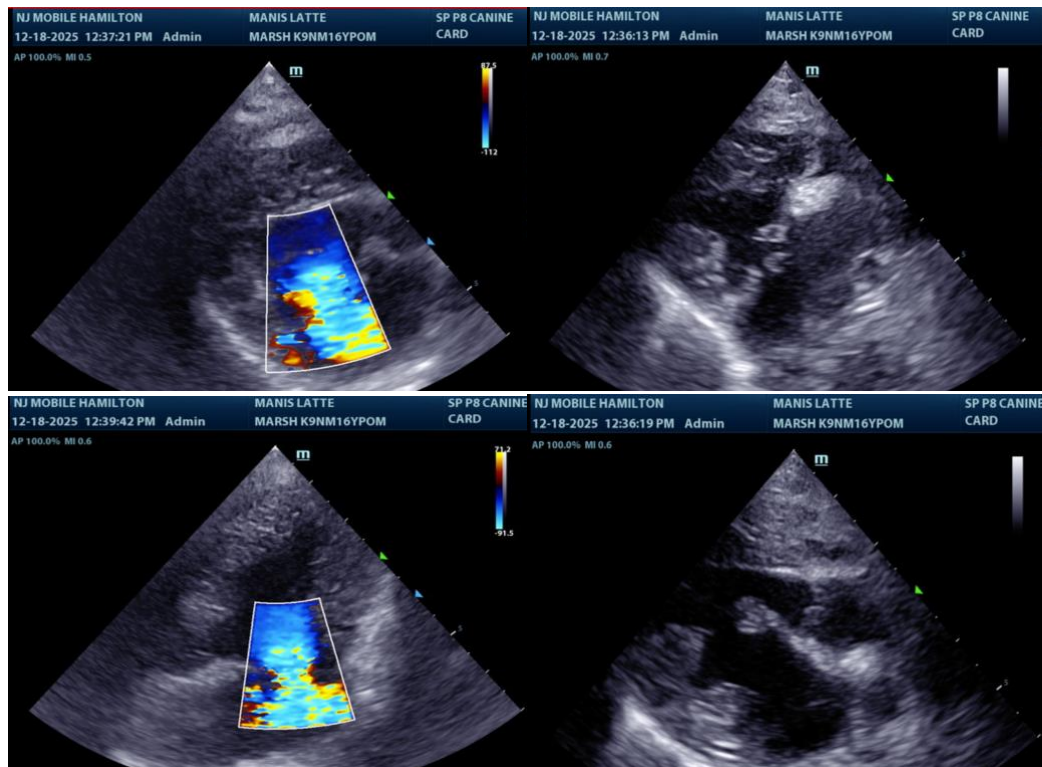
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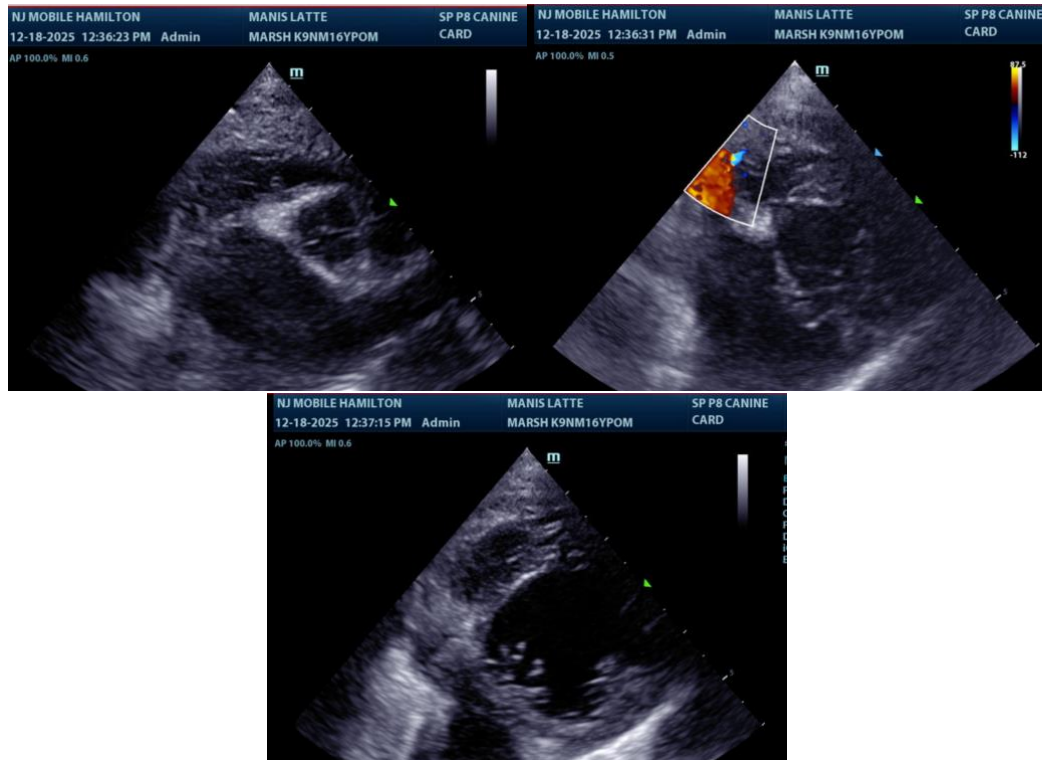
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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