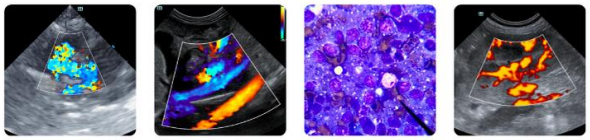

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Jazzy Houck

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

12 years

WEIGHT

18.7lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

East Bradford Veterinary Hospital

REFERRING VET

Dr. McGrath

INVOICE

47541

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: Presented for possible syncopal episodes that started 2/2026. Episodes occur during exercise and last approximately one minute. On Pimobendan. Progressive, now grade 4-5/6 heart murmur. Decreased range of motion in both pelvic limbs with tremor when standing. BP: 140, 155, 150mmHg. Sedated with Torb and Alfaxalone.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Severe diffuse nodular thickening of mitral valve leaflets with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial enlargement. MR velocity is normal. Mild LV dilation with hyperdynamic myocardial function and evidence of volume overload. The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Normal velocity consistent with early pulmonary hypertension. No significant right heart dilation (subjective). The pulmonic and aortic valves appear normal in appearance and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic insufficiency noted. No pericardial or pleural effusion 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	5.0	2.6	1.8	2.2	50	83	0.2
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	110	1.7	0.9	8.5	2.8	3.9	1.8
*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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Severe left atrial and ventricular enlargement indicates there is an elevated risk for spontaneous congestive heart failure. No comorbidities are seen such as systolic dysfunction.

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Exertional syncope in this patient is most likely cardiogenic in origin. Possible causes include poor forward blood flow leading to hypoxia, early CHF, pulmonary hypertension (not identified here), an arrhythmia and/or blood pressure swings. A vagal event, neurologic causes, or other systemic issues are also possible. Regardless, given this severity of disease life-long support is recommended including Spironolactone and an ACE-I. Lasix is unnecessary unless the patient is showing signs of CHF. Long term prognosis is guarded to poor, with risk for progression to CHF, development of malignant arrhythmias and/or sudden death in the future. Should syncope persist despite medications, a holter monitor and/or additional diagnostics may be warranted to rule out other contributing causes.

Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home. Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or worsening collapse episodes in the future. Elective anesthesia is not advised.

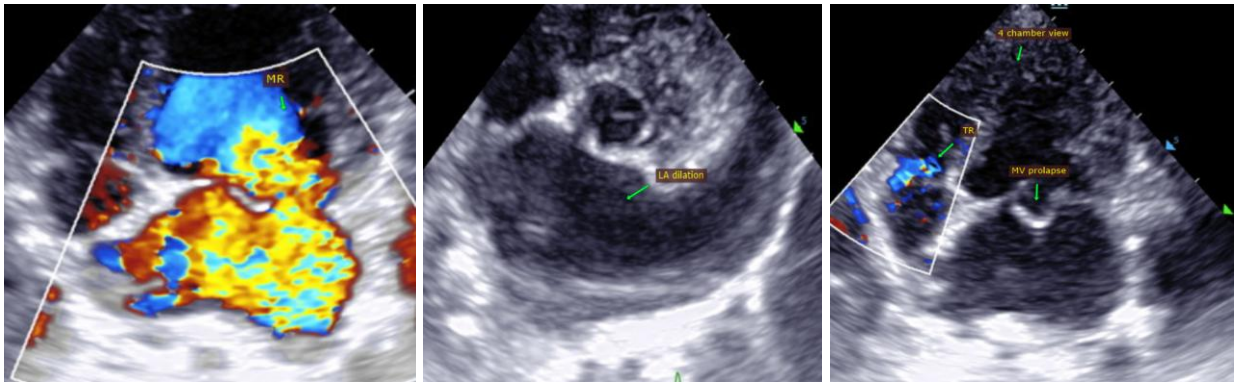
PLAN

Baseline ECG and CXR are recommended. Continue Pimobendan 0.3mg/kg PO q12h. Institute spironolactone 1-2mg/kg PO q12h. Institute ACEI 0.5mg/kg PO q12h.

Monitor SRRs at home. Monitor renal values and BP in 10-14 days, then every 3-4 months while on diuretics. If syncope persists, a holter monitor and/or further evaluation is advised.

Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of associated clinical signs occurs in the interim.

IMAGES



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.

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.

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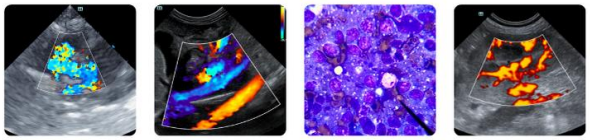

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