

**PATIENT**

Chiquis Turle

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered Male

**AGE**

14 Years 4 Months

**WEIGHT**

14 Years 4 Months

**INTERPRETED BY**

Brad Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Incline Veterinary  
Hospital

**REFERRING VET**

Kateryna Sovik, DVM

**INVOICE**

72917

**DATE**

1/1/26

**PRESENTING CLINICAL SIGNS**

ECG and RADS ATTACHED-The pet is in need of a dental. However the pet has a heart murmur 2/6 and the Doctor would like to do an ECHO on her to make sure that she would be ok under anesthesia. Heart murmur, grade 2/6 - r/o degenerative valve disease, other underlying cardiac pathology, CHF, others Does turn cyanotic when stressed, so echo and ECG done standing.

Abnormal PE/Chem/CBC/UA Results: LABS: MONO 1.37 0.16 - 1.12 K/ $\mu$ L HIGH PLT 620 148 - 484 K/ $\mu$ L HIGH MPV 7.2 8.7 - 13.2 fL LOW PDW 5.0 9.1 - 19.4 fL LOW SDMA 17 0 - 14  $\mu$ g/dL HIGH BUN 41 7 - 27 mg/dL HIGH ALKP 235 23 - 212 U/L HIGH CHOL 410 110 - 320 mg/dL HIGH BLOOD PRESSURE: 1) 200 2) 220 3) 222

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

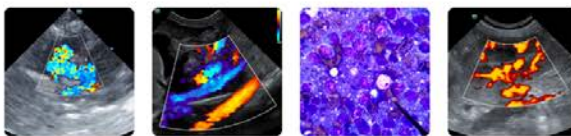
CANINE CARDIAC PARAMETERS	BW	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	3.9	160	2.33	NM	1.22	2.24	1.05
CANINE CARDIAC PARAMETERS	FS	EPSS	PV V MAX (m/s)	AV V Max (m/sec)	MR Vmax	TR Vmax	RPA distensibility (normal >30%)
NORMAL PARAMETER	28-40	<0.6	0.7-1.6	0.7-1.7	4.5-5.5	< 2.7	
PATIENT	53	0.2	0.8	0.9	4.6	NM	21

**Cardiac Presentation**

The left atrium is normal in dimension. The left ventricle is normal in dimension, with normal systolic function. The right atrium and ventricle are subjectively normal in dimension and systolic function. The mitral valve is thickened and redundant consistent with myxomatous changes, and there is moderate prolapse. There is evidence of moderate mitral regurgitation. The tricuspid valve leaflets are minimally thickened with trivial tricuspid regurgitation and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated normal laminar flow and the visible aorta is unremarkable. The right ventricular outflow tract assessment revealed normal laminar flow, and normal diameter with mildly reduced distensibility. There is trace aortic valve insufficiency. There is no visible pericardial, pleural, or free peritoneal fluid noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi.

**ECG:**

There is a six-lead ECG with significant baseline artifact available for review. The underlying rhythm is regular at an average rate of 160bpm. The rhythm appears to be sinus in origin with narrow QRS complexes (<70ms). There is no atrial or ventricular ectopy and no conduction delay or block identified.



**PATIENT**

This is most consistent with a normal sinus rhythm.

Chiquis Turle

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

- These findings identify degenerative mitral valve disease with minimal to no hemodynamic effects in the presence of possible pulmonary hypertension (reduced RPA distensibility despite no measured TR gradient). In the absence of more convincing left sided enlargement, the PH would be more likely related to primary respiratory disease or other etiology (non-type 2 PH). Pulmonary hypertension in dogs is most commonly secondary to primary respiratory disease (chronic bronchitis, pulmonary fibrosis, or other forms of pulmonary interstitial disease). Pulmonary hypertension can also develop in dogs with severe heartworm disease or secondary to pulmonary thromboembolism (PTE). Less commonly, pulmonary hypertension is identified in dogs as an idiopathic condition.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to anesthesia, fluid therapy, vasopressor therapy, or corticosteroids as indicated for further assessment and treatment. A recheck echocardiogram is recommended in 6 months.

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Anesthesia considerations:

14 Years 4 Months

While there is no CHF present, there is likely an increased anesthetic risk which must be considered prior to any anesthetic procedure. If anesthesia is necessary, then alpha-2 agonists, ketamine, and Telazol should be avoided. Fluid therapy during anesthesia does not necessarily need to be adjusted. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is mandatory. Premedication with an opioid (e.g., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

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(cardiology)

Diet:

A high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina that is highly palatable with adequate protein and calories for maintaining optimal body condition is reasonable.

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Activity:

No special considerations are necessary.

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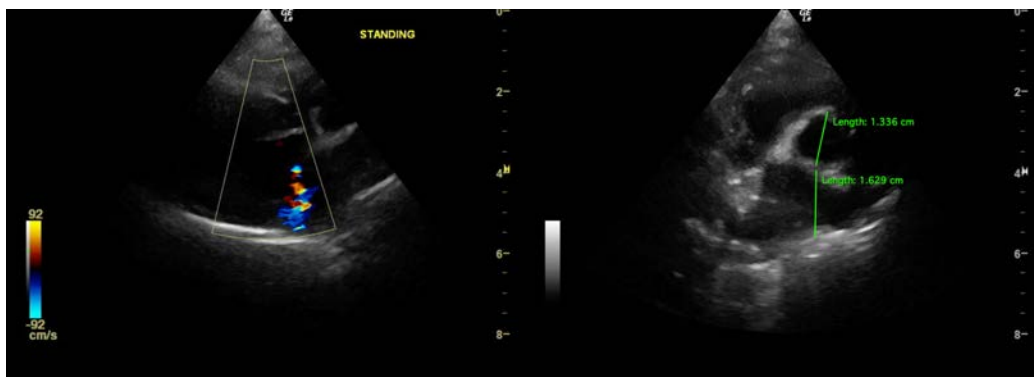
Kateryna Sovik, DVM

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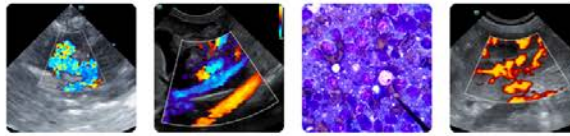
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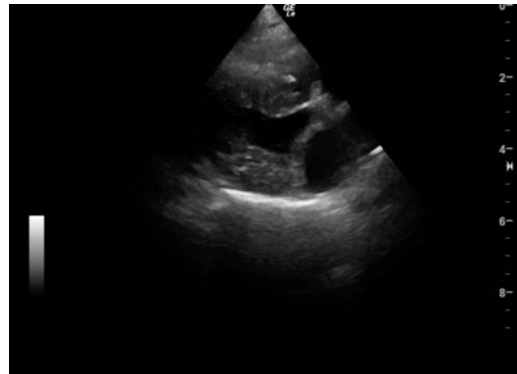
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Brad Harris, DVM, DACVECC, DACVIM (cardiology)**

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