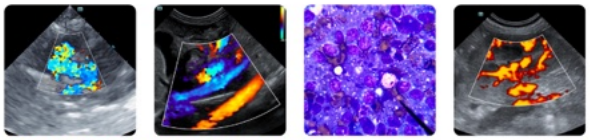

PATIENT

Chanel Garcia

SPECIES

Canine

BREED

American Pit Bull Terrier

SEX

Spayed female

AGE

7 years

WEIGHT

53.8 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Davila

INVOICE

69121

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11/26/25

PRESENTING CLINICAL SIGNS

History: Presented a referral for an echocardiogram to evaluate cardiomegaly. Pt started to become lethargic for the past 2 months and 2 weeks ago developed diarrhea with hematochezia. During evaluation noticed abdominal distention and radiographs showed cardiomegaly. Pt has been fed Sensitive Skin Diamond Care grain free diet for over 1 yr. Pt is currently famotidine, doxycycline, furosemide and mirtazapine.
Abnormal PE/Chem/CBC/UA Results: Bloodwork, radiographs and EKG attached as supporting documents. BP: Average of 5: Right lateral, left forelimb cuff # 4 Sys: 140 Dias: 92, MAP: 100, HR: 160 4DX: neg to all Fecal: NPS: cPL: increased

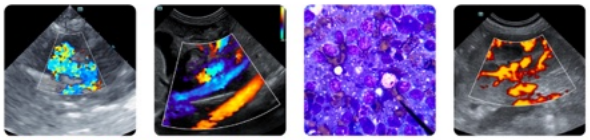
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is moderately to severely enlarged. The left ventricle is severely enlarged, with severely reduced systolic function or contractility. The myocardium is normal echogenicity and wall thickness, without subjective evidence of significant fibrotic or ischemic disease. The right atrium and ventricle are subjectively normal in dimension and systolic function. The anterior and posterior mitral valve leaflets presented normal linear structure with trivial regurgitation noted. The tricuspid valve is subjectively normal with trace regurgitation, and no evidence of pulmonary hypertension. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural valvular integrity. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and appropriate diameter and distensibility. There is trace pulmonic valve insufficiency documented. There is no visible pericardial or pleural fluid, but mild free peritoneal fluid is noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi. There is concern for a potential tachyarrhythmia noted on the rhythm strip.

CANINE CARDIAC PARAMETERS	Body Weight kg	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	24.45 kg	170	5.2	2.19	2.59	6.17	5.19
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	16	2.0	0.8	0.6	4.2	1.3	NM

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with dilated cardiomyopathy with significant hemodynamic effects. Intrinsic myocardial dysfunction (ie DCM) is a concern. Other possibilities, including primary valve disease with secondary ventricular changes or myocardial depressant effects of systemic disease must



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also be considered. It would also be important to verify that the owners are not feeding a grain-free, exotic, or boutique diet, as a secondary nutritional cardiomyopathy must also be considered. Given the degree of chamber enlargement and recent thoracic radiographs, congestive heart failure is a likely explanation for the abdominal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Therapy for CHF is recommended, and should include should include Lasix (2mg/kg BID), enalapril (0.5mg/kg BID assuming normotension and lack of renal insult), and Vetmedin (.25-.35mg/kg BID) and spironolactone (1-2mg/kg BID). Dobutamine (2.5-10 µg/kg/min as a CRI, starting at 2.5 µg/kg/min and increasing the dosage incrementally) may be used in addition to the above treatments to improve the left ventricular function and blood pressure in patients that fail to respond adequately to diuretics, pimobendan, sedation, oxygen, and comfort care measures. A repeat diagnostic ECG, chest X-rays, BP, and chemistry should be performed now for a baseline, and again in 1-2 weeks. A repeat echo is indicated in 3 months. Owners should monitor resting respiratory rate at home. Values above 30 breaths/minute or an increase in respiratory rate 10% above baseline should prompt veterinary re-evaluation.

Anesthesia considerations:
Anesthesia should be avoided until manifestations of congestive heart failure (edema/effusion/respiratory distress) have resolved. Following that time, if anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. If an ACE inhibitor (enalapril, benazepril) or spironolactone is being given, it should not be administered on the morning of general anesthesia. Other cardiac medications should be administered per the normal dosing schedule. Anesthetic IV fluid use should be limited to < 3 ml/kg/hr and, if IV fluid therapy is administered during the procedure, a 1 mg/kg dose of IM Lasix should be administered when the patient is awake and standing in recovery. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Premedication with an opioid (i.e., 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. Dobutamine (2.5-10 µg/kg/min as a CRI, starting at 2.5 µg/kg/min and increasing the dosage incrementally) may be used in lieu of fluid boluses to augment systemic blood pressure.

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 with mild dietary sodium restriction (<100 mg/100 kcal) is recommended. Consider omega-3 fatty acid supplementation. Avoid any boutique, exotic, or grain-free diets.

Activity:
Moderate physical activity (meandering walks, exploring the backyard, playing with toys inside, getting excited when family gets home, etc.) is encouraged, but periods of strenuous aerobic activity (jogging, strenuous outdoor ball play, prolonged play at the dog park, etc.) should be avoided, especially during periods of high heat (> 80 F) and humidity. Dogs with heart disease tend to tolerate cool and cold temperatures much better than high temperatures. Avoid sudden increases in activity (e.g. 2 block walks during the week but 2 mile walks followed by 30 minutes at the dog park on the weekends) as this may be difficult for the cardiovascular system to deal with.

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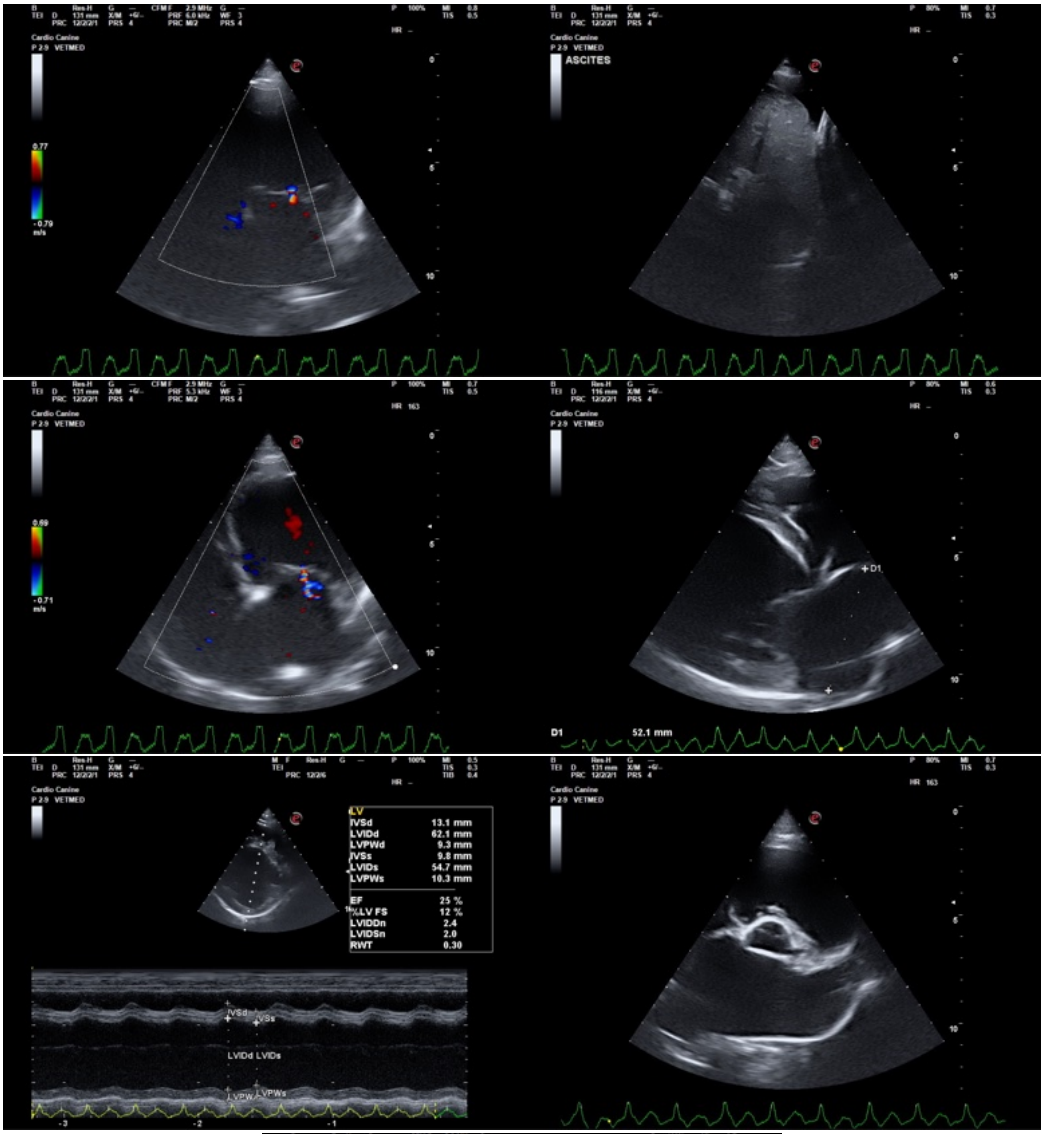

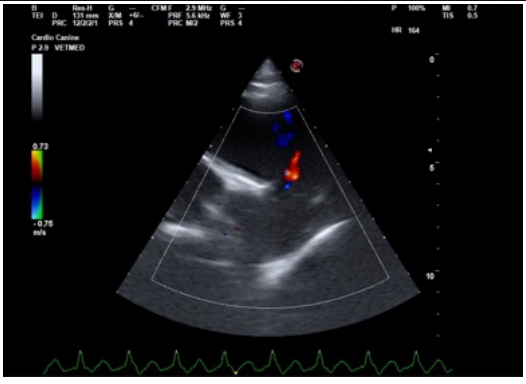

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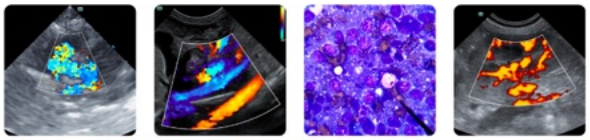

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com