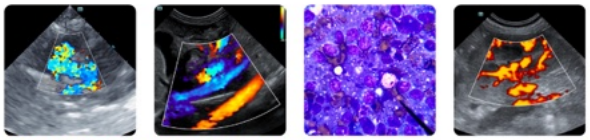


PATIENT

Rommie Friesen

SPECIES

Canine

BREED

Miniature Australian Shepherd

SEX

Spayed female

AGE

10 years

WEIGHT

13.2 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo AH

REFERRING VET

Dr. Hickling

INVOICE

69497

DATE

12/22/25

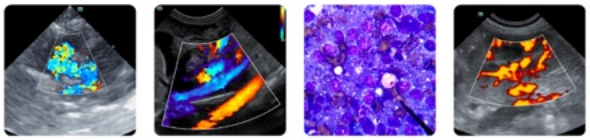
PRESENTING CLINICAL SIGNS

History: Presented for an acute onset cough that began last Friday (Dec 5/25) and has been increasing in frequency. The cough occurs during the day and at night, often concluding with a terminal hack. Happens more when laying down. Patient is on grain-free diet. Dx after exam and tests is CHF. with cardiomyopathy or chronic deg valve disease as ddx. Started on: Furosemide 20mg - 1.5 BID Monitor SRR and transition to grain inclusive diet Vetmedin 2.5mg - 1 cap in PM Vetmedin 5mg - 1 cap in AM Dog has responded well to cardiac meds. Submitting echo for workup and abdomen b/c of hepatomegaly and low usg/and slt hematuria. Dog did have get diuretic for 1 night prior to UA Abnormal PE/Chem/CBC/UA Results: On presentation: P-160/min Grade 3/6 murmur. Pulses strong and synchronous thorax rads: Severe cardiomegaly, VHS 14.34 VLAS 3.54, pulm edema and dorsal tracheal elevation Hepatomegaly CBC: Lymph 0.71 x10e9/l (0.8-5.1) HCT 0.59 (0.39-0.58) MCV 76 fL (66-75) CHEM: Urea 10.1 mmol/l (3.5-9.0) Crea 119 umol/l (53-124) Anion gap 27 mmol/l (13-24) UA: usg 1.014 occas rbc on sediment exam (this is a persistent finding) trace protein

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is severely enlarged. The left ventricle is moderately to severely enlarged with reduced systolic function. 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 minimal prolapse and mild regurgitation noted. The tricuspid valve is minimally thickened 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 no evidence of semilunar valve insufficiency documented. 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.

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	13.2 kg	NM	5.22	2.35	2.07	4.9	2.93
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	40	0.5	0.6	1.9	4.8	2.1	NM



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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 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 clinical/radiographic signs. An arrhythmia is suspected based on the imaging.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Therapy for CHF is recommended, with Lasix bolus (2-4 mg/kg IV PRN up to 10 mg/kg total dose) or a CRI (0.5-1 mg/kg/hr) as needed to resolve edema. Once oral therapy is started, therapy should include Lasix (2mg/kg BID), enalapril (0.5mg/kg BID assuming normotension and lack of renal insult), spironolactone (2mg/kg BID), and Vetmedin (.25-.35mg/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 diagnostic ECG is recommended. A repeat 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

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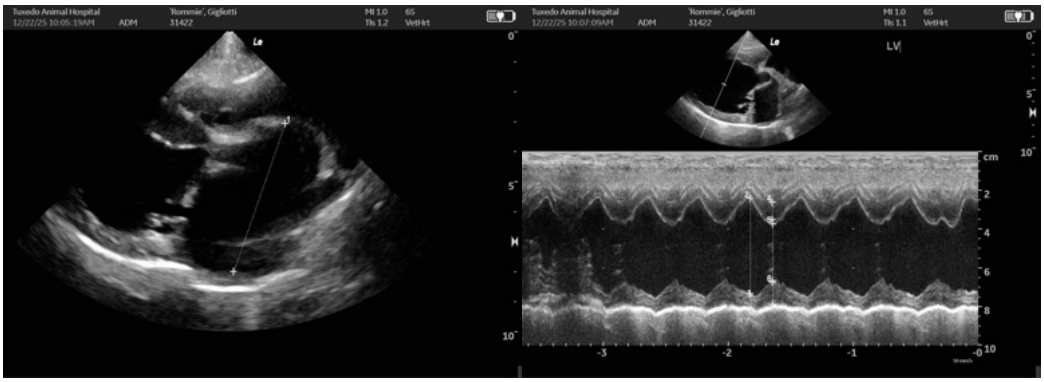
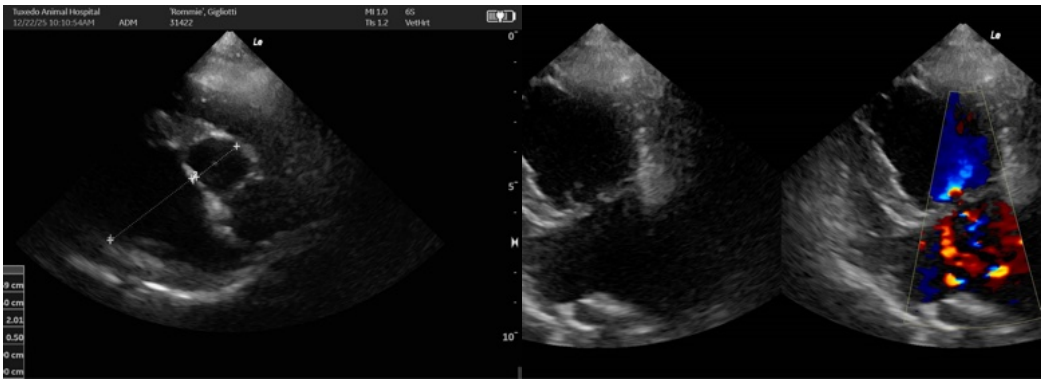
temperatures much better than high temperatures. Avoid sudden increases in activity (e.g. 2 block walks during the week but 2 mile walks followed by 30 minutes at the dog park on the weekends) as this may be difficult for the cardiovascular system to deal with.





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