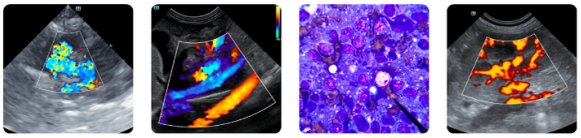

PATIENT

Walnut Jeong

SPECIES

Canine

BREED

Mini Poodle

SEX

FS

AGE

8 years

WEIGHT

5.2 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Morris Plains VCA

REFERRING VET

Dr. Burke

INVOICE

10873

DATE

12/5/2025

PRESENTING CLINICAL SIGNS

Evaluate heart. Coughing at home and excercise intolerance. Grade 3/6 HM. Started low dose lasix 2 days ago.

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	2.36 kg	NM	2.74	0.80	1.80	1.55	0.88
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	43	NM	1.3	6.9	NM	NM	NM

Cardiac Presentation

The left atrium is moderately enlarged. The left ventricle is normal in dimension with moderate hypertrophy. The systolic function is normal. The right atrium and ventricle are subjectively normal in dimension and systolic function. The anterior and posterior mitral valve leaflets are thickened with moderate to severe mitral regurgitation. The tricuspid valve leaflets present normal linear structure, with no tricuspid regurgitation or evidence of pulmonary hypertension. The left ventricular outflow tract demonstrates a narrowed sub-valvular ridge with turbulent flow with a severely elevated outflow tract velocity that displayed a dynamic component. The aortic valve and visible aorta is unremarkable. The right ventricular outflow tract assessment revealed normal laminar flow, and appropriate diameter and distensibility. 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.

ULTRASONOGRAPHIC FINDINGS

- These findings are most consistent with severe subvalvular aortic stenosis and mitral valve dysplasia. This patient's age is atypical for this clinical presentation, but as a result of the dysplasia the left atrium is enlarged. Congestive heart failure could be a reasonable cause of the clinical signs if there is evidence of pulmonary edema on thoracic radiographs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic radiographs and a systemic blood pressure should be obtained. Ultimately, referral to a veterinary cardiologist is recommended to confirm the diagnosis, especially given the patient's age at clinical presentation. In the meantime, continued therapy is dependent on the results of the thoracic

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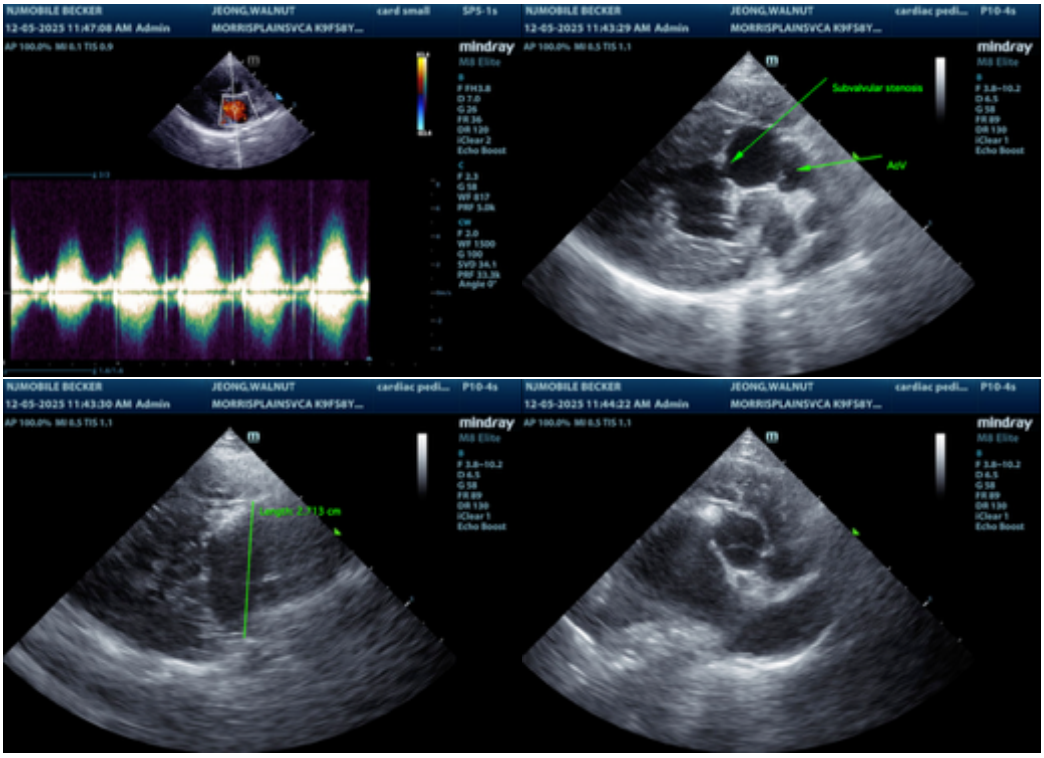
radiographs. If there is evidence of pulmonary edema, then continued diuretic (furosemide 2mg/kg BID) is recommended with the addition of enalapril (0.5mg/kg BID assuming normotension and lack of renal insult or azotemia). If there is no evidence or concern for pulmonary edema, then the enalapril at the above dose is recommended in conjunction with atenolol (1-2mg/kg BID). If referral is not pursued, a recheck echocardiogram, thoracic radiographs, and blood pressure is recommended in 3 months.

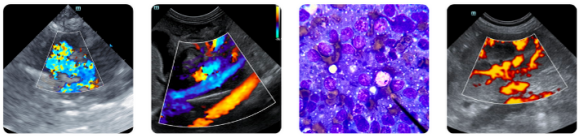
Anesthesia:
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Skip any ACE-inhibitor (if receiving) on morning of anesthesia. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Pre-medication 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.

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.

Activity:
Avoid overly strenuous activity.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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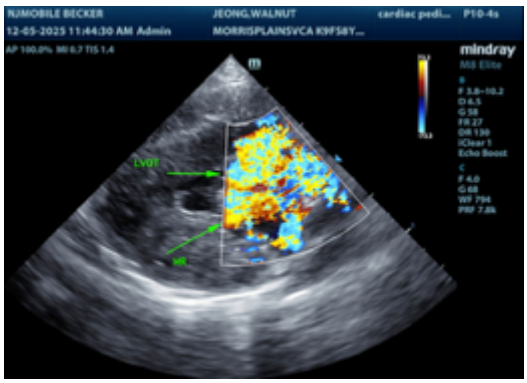

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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