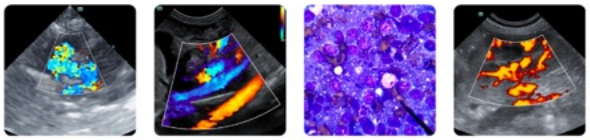

PATIENT

Doris Day Weselowski

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

13 years

WEIGHT

2.9 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Dewinton PH

REFERRING VET

Dr. Weston

INVOICE

71885

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- Hx of on and off vomiting, diarrhea and inappetence. Hx of PU/PD.Suspected IBD and chronic pancreatitis. Currently being treated for KCS.
- Dry cough elicited on tracheal palpation. Grade II heart murmur.
- CBC RBC 9.42 (5.82-8.90), HGB 23 (13.2-22.), HCT 61.5 (36.9-60.0) CHEM TP 41 (55-76) ,ALB 18 (25-40) , TBIL 13 (0-9) , TCHO 2.30 (3.10-8.02), IP 1.85 (0.61-1.61) , GGT 15 (0-14) ,Ca 2.02 (2.25-3.10) 1.87, TG 2.22 (0.34-1.47), K 3.6 (3.8-5.3), T4 31 (15-55), Nu.Q 16 (0-50) low suspicion, SDMA 23.5 (0.0-15.0), LIP 288.2 (0.0-125.0)

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. The left ventricle is normal in dimension, with normal systolic function. The right atrium and ventricle are normal in dimension, with normal systolic function. The anterior and posterior mitral valve leaflets are thickened and redundant consistent with myxomatous changes, and there is minimal prolapse. There is mild mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, no significant 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 appropriate diameter and distensibility. There is no pulmonic and no aortic valve insufficiency identified. There is no visible pericardial, pleural, or free peritoneal fluid documented. No evidence of hepatic venous congestion is 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	2.9 kg	130	2.29	1.4	1.35	2.21	1.18
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	44	0.2	0.7	1.3	4.4	Not present	49

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with ACVIM Stage B1 disease. It is unlikely that any current morbidity is of cardiac origin.

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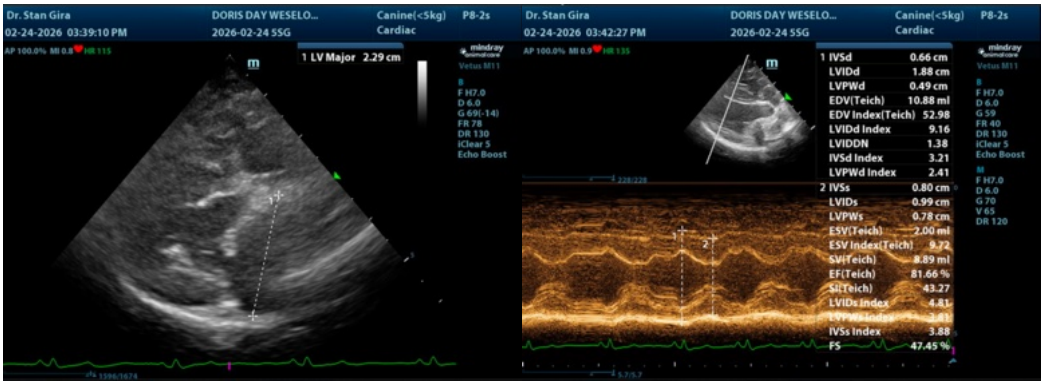
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

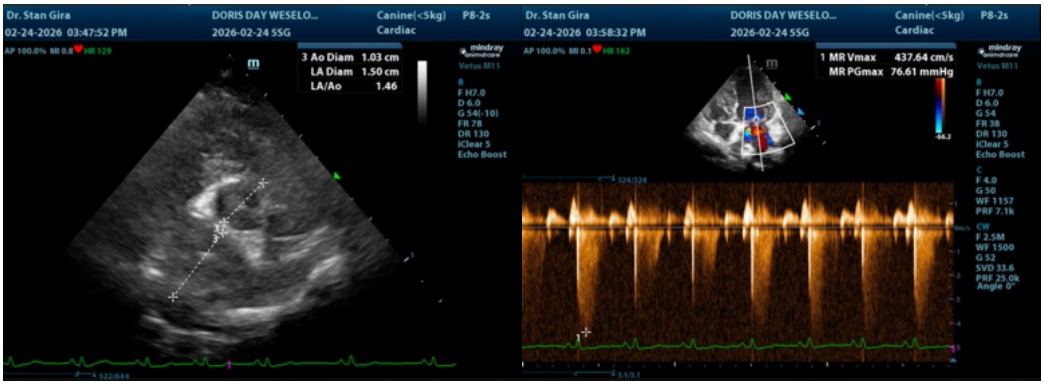
Given these findings, no cardiac therapy is recommended. There are no cardiac contraindications to anesthesia, fluid therapy, vasopressor therapy, or corticosteroids as indicated for further assessment and treatment. If not already performed, baseline blood pressure is recommended. A recheck echocardiogram is recommended in 6 months.

Anesthesia considerations:
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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:
No special considerations are necessary.





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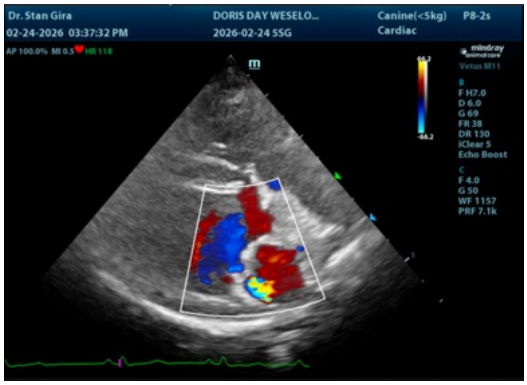

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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