



PATIENT

Bella Walsh

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.84 pounds

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Arielle Roldan CVT

HOSPITAL NAME

Milford Animal
Hospital

REFERRING VET

Sean Grasso, DVM

INVOICE

15191

DATE

04/17/26

PRESENTING CLINICAL SIGNS

Grade V/VI bilateral heart murmur. Long term Vetmedin 1.25 mg PO SID. Bloodwork was run for routine check while on long term medications. Owner states that the pet has been doing well at home. Bloodwork revealed increase in liver values and abnormal tnl/probnp. Patient was sent home with liver support and recommended recheck bloodwork in 30-60 days, at time of recheck probnp and tnl had both increased. Last echo was performed in 2023.

Abnormal PE/Chem/CBC/UA Results: Bloodwork 2/2/26 ALT 744 10 - 125 U/L HIGH ALKP 798 23 - 212 U/L HIGH bloodwork 4/8/26 ALT 340 5 - 125 U/L HIGH AST 122 0 - 50 U/L HIGH cTnl 1.1 0.01 - 20 ng/mL Abnormal c.NT-proBNP 3023.4 500 - 10000 pmol/L Abnormal

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	2.65	NM	2.3	NM	NM	2.19	0.75
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	66	0.4	0.6	NM	NM	NM	NM

Cardiac Presentation

The left atrium is upper limits of normal to mildly enlarged. 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 no significant prolapse. There is mild to moderate mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition and 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, with appropriate main pulmonary artery diameter and right pulmonary artery 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.



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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.

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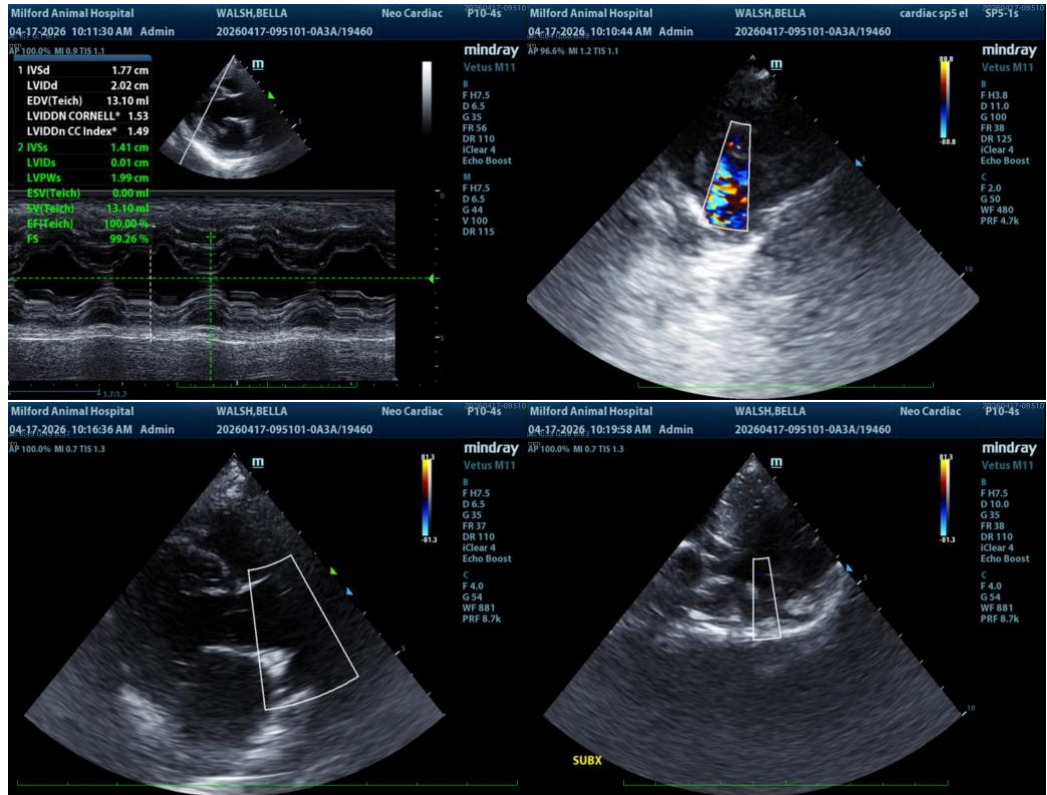
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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