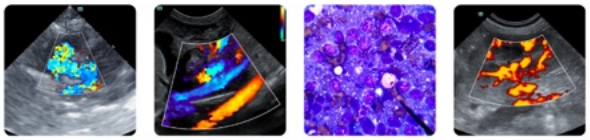

PATIENT

Nori Hornberger

SPECIES

Canine

BREED

Whippet

SEX

Intact male

AGE

6 ½ years

WEIGHT

12.7 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Country Companion AH

REFERRING VET

Dr. Wanner

INVOICE

77668

DATE

5/18/26

PRESENTING CLINICAL SIGNS

History: AUS and Echo to further evaluate 2 episodes about one month apart of reported tachycardia (heart pounding), decreased appetite (recent), but O notes coprophagia. Hypophosphatemia on BW. First episode: trembling, panting, heart pounding; lasted approximately 15-20 minutes; resolved spontaneously. Second episode (today 5/13): panting, pacing, crying, trembling, heart pounding; lasted over an hour, possibly 90 minutes.
Meds: Trazodone for anxiety
Abnormal PE/Chem/CBC/UA Results: HR on arrival 219 bpm. HR after sedation 127 bpm Blood Pressure prior to sedation: 141, 143 mmHg - CXR: NSF - CBC: Hct 60%- high norm, Plts 267-n, remainder NSF - Chem: Phos 0.8 L (2.5-6.0) lab indicated result verified, Ca 10.2-n, Mg 2.4-n, remainder NSF - T4: 0.9- low norm - UA: USG 1.055, pro 3+, pH 8.5, remainder NSF - UPC < 0.1- non-proteinuria

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 mild prolapse. There is mild mitral regurgitation identified. The tricuspid valve leaflets are thickened and redundant, with mild 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.

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	12.7 kg	130	2.93	1.56	1.14	3.27	2.36
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	28	0.5	0.6	1.0	NM	2.5	30

ECG:
There is a single-lead ECG available for review. The underlying rhythm appears to be a sinus in origin with variation in the R-R interval consistent with respiration. The average heart rate is 130bpm. There is no overt evidence of atrioventricular block or ventricular ectopy. There are several P-QRS complexes

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that border on premature, however this cannot be definitively determined based on this rhythm strip. This is most consistent with a respiratory sinus arrhythmia.

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.

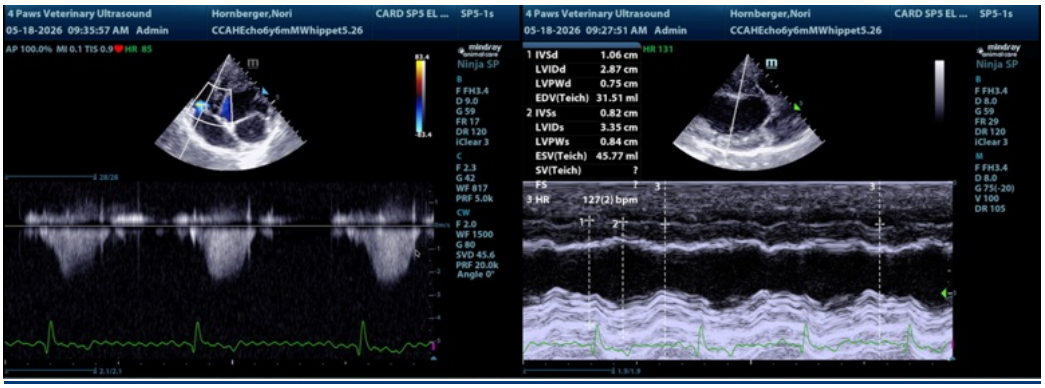
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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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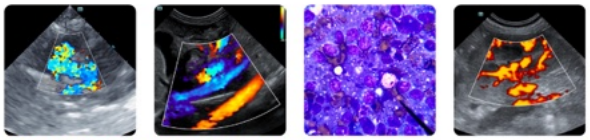

Clinical Sonography & Telecytology
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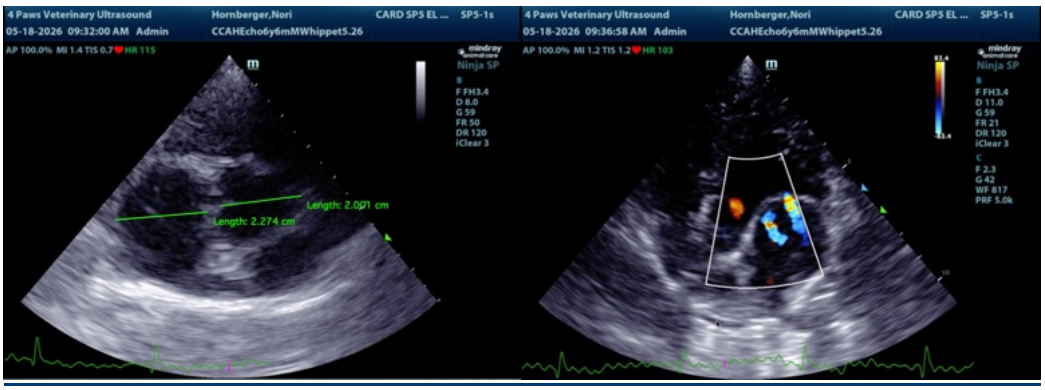

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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