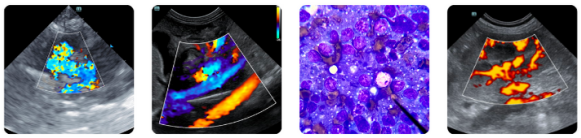


DATE

5/18/26

PATIENT

Pixie Bush

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed female

AGE

11/22/13

WEIGHT

10.7 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Gold

INVOICE

77636

PRESENTING CLINICAL SIGNS

CLINICAL BACKGROUND & STUDY DETAILS

History: Grade 4/5 heart murmur
Pertinent abnormal PE/Chem/CBC/UA Results: Labwork attached. Rads-enlarged right side heart, mild pleural effusion, perhilar edema
Current medications: 5/15 started Lasix 12.5mg twice a day & Vetmedin 1.25mg twice a day
Blood Pressure: 100, 106 and 108mmHg
Sedation used: Not required to complete full diagnostic ultrasound.
Pertinent previous ultrasound results: No previous.
STAT: Not requested.
Imaging performed by: Stephanie Warga RDCS, RVT.

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 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, 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. There is a caudodorsal pulmonary infiltrate with no significant left atrial enlargement noted on the radiographs provided. No overt pleural effusion is noted.

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	4.86 kg	130	2.2	1.3	1.37	2.25	0.99
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	56	NM	1.0	0.9	5.7	Not present	37

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, however, the concurrent use of diuretics may confound these results. Due to the current chamber size, this is considered unlikely, but cannot be excluded.

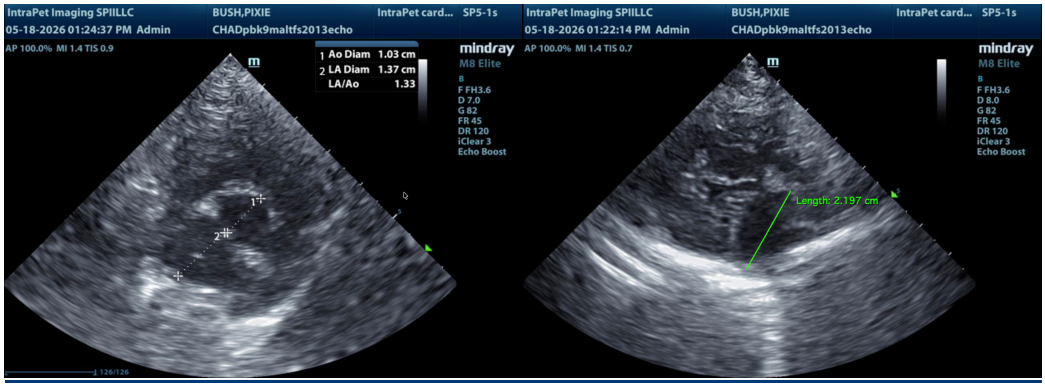
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

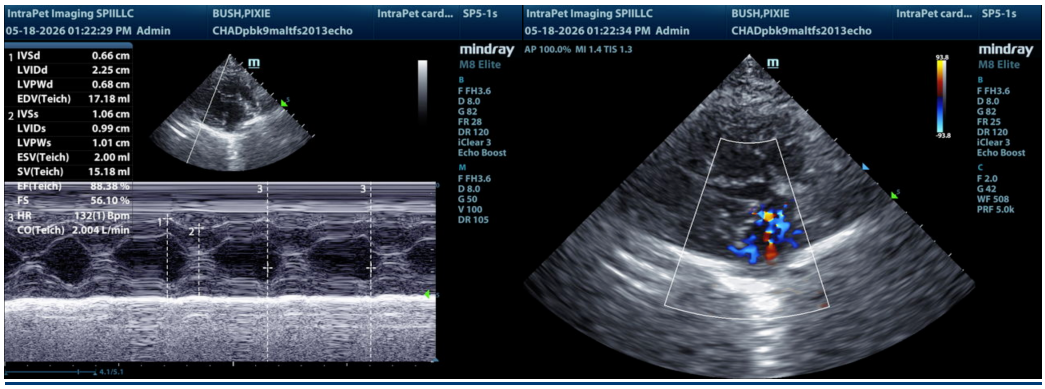
Given these findings, no cardiac therapy is strictly indicated. A conversation with the owners is warranted regarding the continuation of diuretics and Vetmedin. There are no cardiac contraindications to anesthesia, fluid therapy, vasopressor therapy, or corticosteroids as indicated for further assessment and treatment. 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.





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