



**DATE PRESENTING CLINICAL SIGNS**  
**CLINICAL BACKGROUND & STUDY DETAILS**

5/19/26 History: Losing weight.

**PATIENT** Pertinent abnormal PE/Chem/CBC/UA Results: Attached, reported as: Labs-WNL  
B Cymek . Rads-enlarged heart  
**Current medications:** 5/15 started Lasix 0.1ml twice a day & Vetmedin 1.25mg to crush in 5ml of V8 juice twice a day

**SPECIES** Guinea Pig **Blood Pressure:** N/A.  
**Sedation used:** Not required to complete full diagnostic ultrasound.

**Pertinent previous ultrasound results:** No previous.  
**STAT:** Not requested.

**BREED** Imaging performed by: Stephanie Warga RDCS, RVT.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

Guinea Pig

**SEX** Intact female  
**AGE** 2/6/21  
**WEIGHT** 726 grams

The left atrium is normal in dimension. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is normal in dimension as well as wall thickness, and no evidence of restriction. Left ventricular systolic function is normal, with adequate contractility. The right atrium and ventricle are subjectively normal in dimension and systolic function. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole with trace to mild mitral regurgitation. There is no evidence of systolic anterior mitral valve motion documented. The left ventricular outflow tract demonstrated normal laminar flow and mild aortic insufficiency. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and appropriate diameter and distensibility. There is no evidence of pulmonary hypertension documented. There is no visible pericardial, pleural, or free peritoneal fluid noted. No overt pulmonary pathology is identified on thoracic radiographs.

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**HOSPITAL NAME**

Chadwell AH

**REFERRING VET**

Dr. Gold

**INVOICE**

77681

CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	0.73 kg	360	0.3	0.94	0.3	37	72
CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	NM	1.23	0.9		0.8	1.2	NM
Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

## ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects. If cardiac therapy has already been started, this may confound results. If there was a positive response to treatment, then the valvular disease will be suspected to have been more hemodynamically significant.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no changes to cardiac therapy can be recommended. 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:

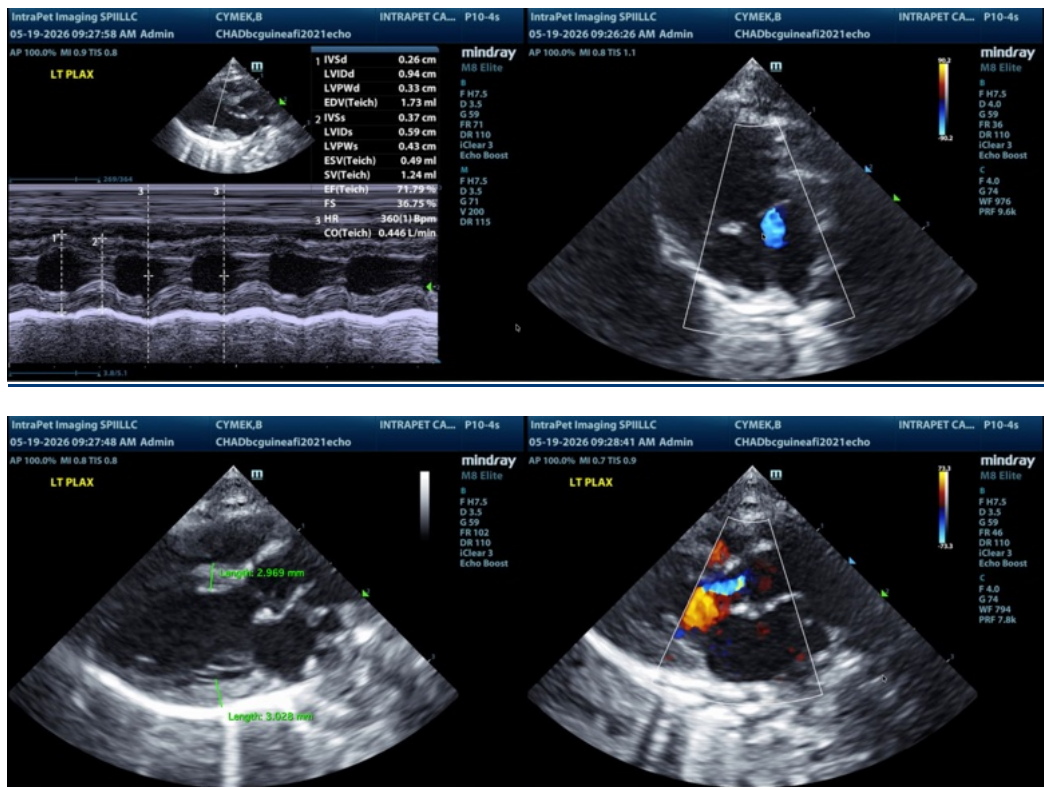
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

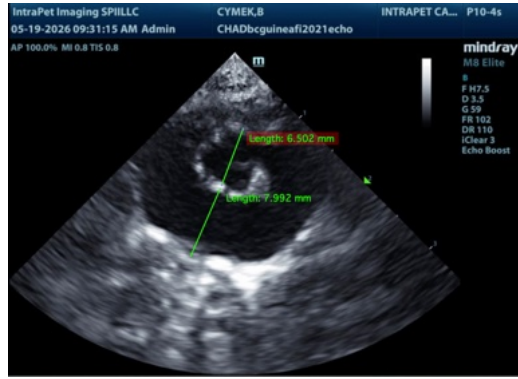
### Diet:

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.

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