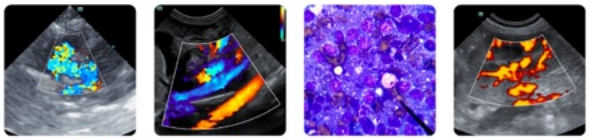




**PATIENT**

Camilla Smith

**SPECIES**

Canine

**BREED**

Pembroke Welsh Corgi

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

30.1 lbs

**INTERPRETED BY**

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

**IMAGING PERFORMED BY**

Dr. Carpenter

**HOSPITAL NAME**

Pennridge AH

**REFERRING VET**

Dr. Carpenter

**INVOICE**

77691

**DATE**

5/19/26

## PRESENTING CLINICAL SIGNS

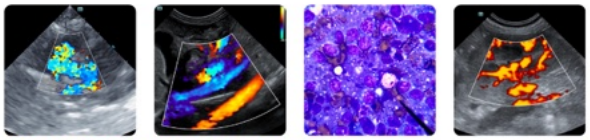
Patient was not sedated
- Hx Grd 4-5 L systolic and grade 3-4 R systolic murmur
- Last echo 12/4/25 - PDA (historical), mild MPA dilation, trace TR, mild LVE, mod LAE, mild- mod MR. There was some progression of the MR and increase in LA and LV dimensions on last scan
- Hx PLN and hypertension
- Recently O has noted more exercise intolerance. Patient has had an ongoing intermittent cough.
- Chronic meds: Pimobendan 3.75 mg PO BID, Galliprant 20 mg PO SID, Benazepril 10 mg PO BID (added and adjusted since last scan.

Abnormal PE/Chem/CBC/UA Results: -3/18/26 Blood pressure: 132 mm HG systolic, UPC 0.4, creat 0.7, phos 3.8, BUN 14 - 5/19/26: Thoracic rads: No overt evidence of CHF, VHS 11.83, VLAS 2.56. Mainstem bronchi compression - 5/19/26 Blood pressure: 180-200 mg HG systolic (was previously on 1.25 mg amlodipine SID but blood pressure dropped < 110 mm HG on both amlodipine and benazepril. Not sure if today was a stress elevation given normal BP 3 moths ago.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is moderately 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 mild prolapse. There is moderate mitral regurgitation identified. The tricuspid valve leaflets are minimally thickened, with trivial 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 a slightly dilated main pulmonary artery diameter and adequate right pulmonary artery distensibility. There is no pulmonic and mild 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 | 13.68 kg | 90 | 3.95 | 1.62 | 2.26 | 3.3 | 1.61 |
| **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 | 51 | 0.2 | 1.0 | 2.5 | 5.0 | NM | NM |





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## ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with moderate hemodynamic effects consistent with ACVIM Stage B2. There is a flow disturbance in the main pulmonary artery that may represent a patent ductus arteriosus, but this cannot be confirmed based on this study.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the degree of chamber dilation, continued cardiac therapy with benazepril (0.5 mg/kg BID assuming normotension and lack of renal insult) and Vetmedin (0.25-0.35 mg/kg BID) is recommended. While there is an increased risk of IV fluids, corticosteroids, or anesthesia, there is no overt objection, as the need likely outweighs the risks. A repeat echo is indicated in 6 months. Owners should monitor resting respiratory rate at home. Values above 30 breaths/minute or an increase in respiratory rate 10% above baseline should prompt veterinary re-evaluation.

Anesthesia considerations:
While there is no CHF present, there is likely an increased anesthetic risk which must be considered prior to any anesthetic procedure. If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. If an ACE inhibitor (enalapril, benazepril) or spironolactone is being given, it should not be administered on the morning of general anesthesia. Other cardiac medications should be administered per the normal dosing schedule. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Premedication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable. Dobutamine (2.5-10 µg/kg/min as a CRI, starting at 2.5 µg/kg/min and increasing the dosage incrementally) may be used in lieu of fluid boluses to augment systemic blood pressure.

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 an optimal body condition is recommended. Consider omega-3 fatty acid supplementation. Avoid any boutique, exotic, or grain-free diets.

Activity:
Moderate physical activity (meandering walks, exploring the backyard, playing with toys inside, getting excited when family gets home, etc.) is encouraged, but periods of strenuous aerobic activity (jogging, strenuous outdoor ball play, prolonged play at the dog park, etc.) should be avoided, especially during periods of high heat (> 80 F) and humidity. Dogs with heart disease tend to tolerate cool and cold temperatures much better than high temperatures. Avoid sudden increases in activity (e.g. 2 block walks during the week but 2 mile walks followed by 30 minutes at the dog park on the weekends) as this may be difficult for the cardiovascular system to deal with.

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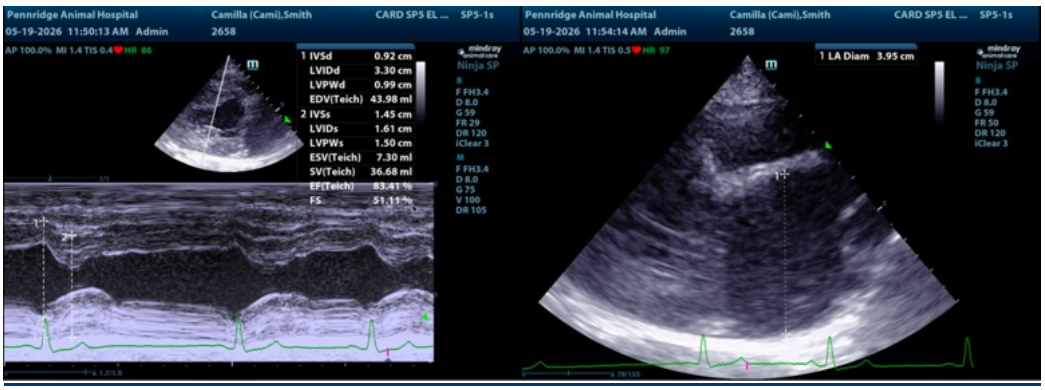


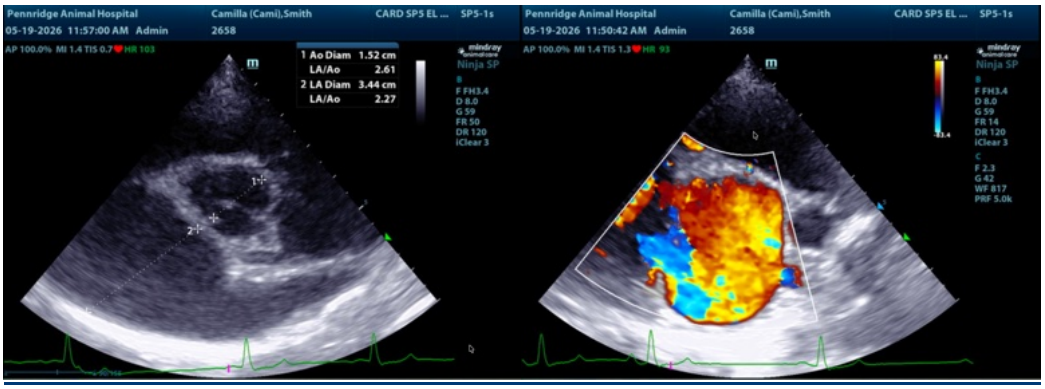


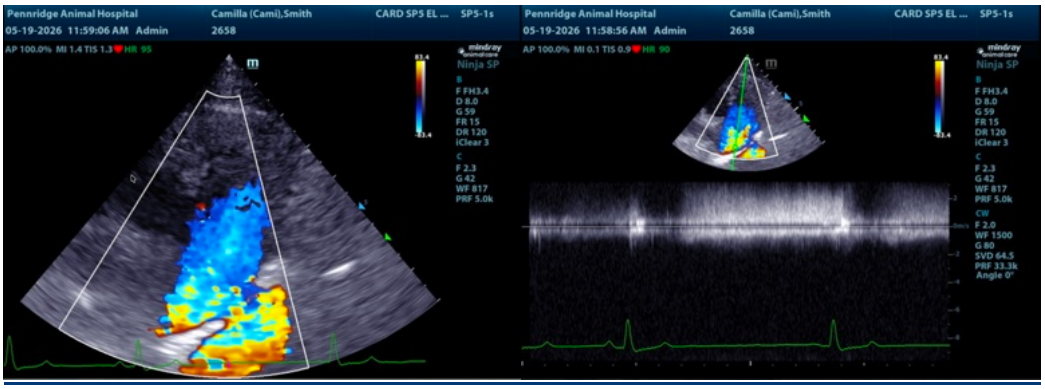


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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