



PATIENT

Tilly Dice

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

8 years

WEIGHT

5.3 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Mehaffey

INVOICE

77946

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Sedated with butorphanol

- Last echo 9/30/25. Stage B1 chronic valve disease. Mild MR and TR noted with trivial AI.

- Grd II-III L systolic murmur, Grd II R systolic murmur. No arrhythmias.

- Patient has had a recent increase in coughing episodes. No known syncopal episodes.

- Here for repeat echo

- Chronic meds: None

- Current Diet: Science Diet Small breed dry (chicken and rice)

Abnormal PE/Chem/CBC/UA Results: - Unable to get an accurate blood pressure reading (last blood pressure taken was 150 mm HG systolic) - Thoracic Rads: VHS 10.3, no pulmonary edema or pleural effusion. Possible mainstem bronchi compression. - Full bloodwork pending

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 minimal 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 trivial 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 | 2.41 kg | 160 | 1.61 | 1.25 | 0.85 | 2.11 | 1.19 |
| 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 | 44 | 0.4 | 0.4 | 0.7 | 4.8 | 2.0 | NM |

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.



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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:

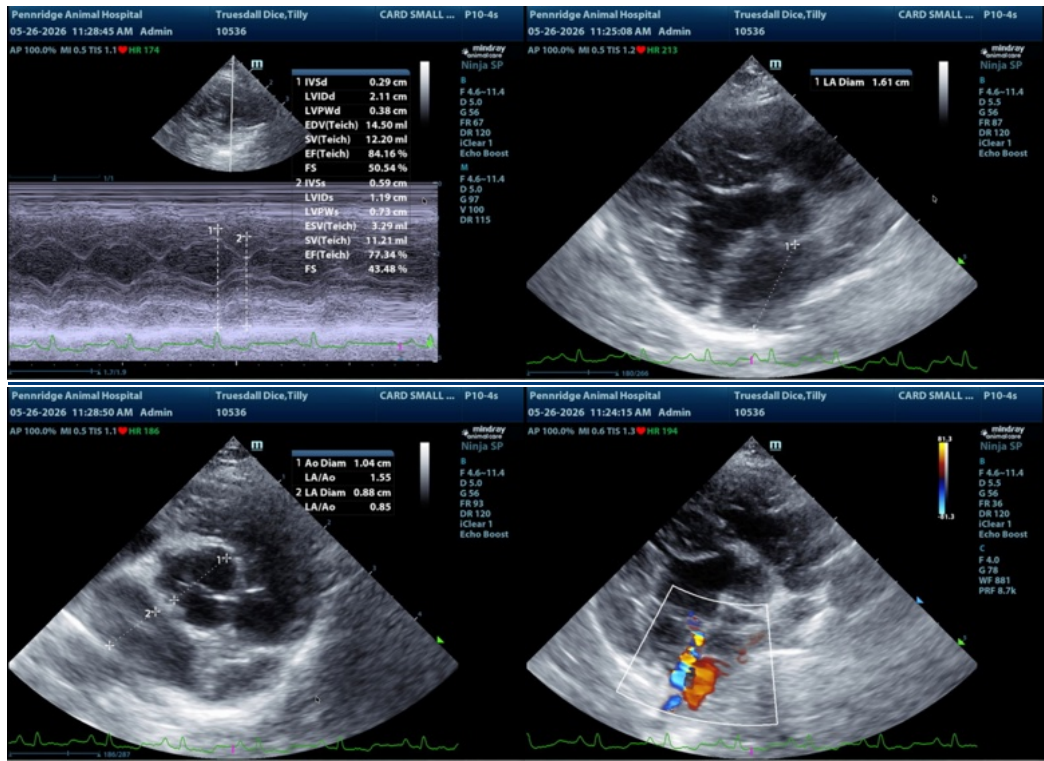
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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.



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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info@SonoPath.com

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