

PATIENT

Baer Whiteman

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

13 years

WEIGHT

10 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Lindy S

INVOICE

78222

DATE

6/1/26

PRESENTING CLINICAL SIGNS

Worsening cough for the past couple months. Cough is worse in the morning, with excitement or when he is picked up. No lethargy, no increase in respiratory effort. Grade IV murmur, coughing. Pt has been on grain-free diet

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is severely enlarged. The left ventricle is moderately enlarged, with marginal 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 moderate prolapse. There is mild to moderate mitral regurgitation identified. The tricuspid valve leaflets are thickened and redundant, with mild tricuspid regurgitation and evidence of moderate 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 trivial pulmonic and no aortic valve insufficiency identified. There is no visible pericardial, pleural, or free peritoneal fluid documented. Mild 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	10.0 kg	180	4.14	2.11	1.92	4.22	2.42
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	43	0.1	NM	1.2	4.5	3.9	25

ECG:

There is a six-lead ECG with a paper speed of 50mm/s, 10mm/mV available for review. The underlying rhythm is regular at an average rate of 180bpm. The rhythm appears to be sinus in origin with narrow QRS complexes. There is rare atrial ectopy (APCs) noted with no conduction delay/block or ventricular ectopy identified. This is most consistent with a sinus tachycardia with rare atrial premature complexes.

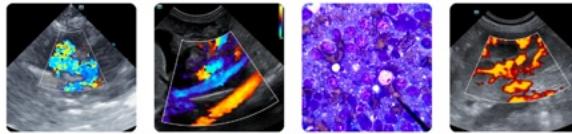
ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with moderate hemodynamic effects consistent with ACVIM Stage B2. The patient also has moderate pulmonary hypertension likely from a combination of left-sided heart disease and possibly underlying lung disease. Correlate these findings with thoracic radiographs. The atrial ectopy is likely a consequence of the atrial dilation, and while not of clinical significance at this time, should be monitored for future progression. The discrepant LV dilation with reduced function despite the presence of MMVD is suspected to be a function of the grain-free diet.

Imaging
performed by



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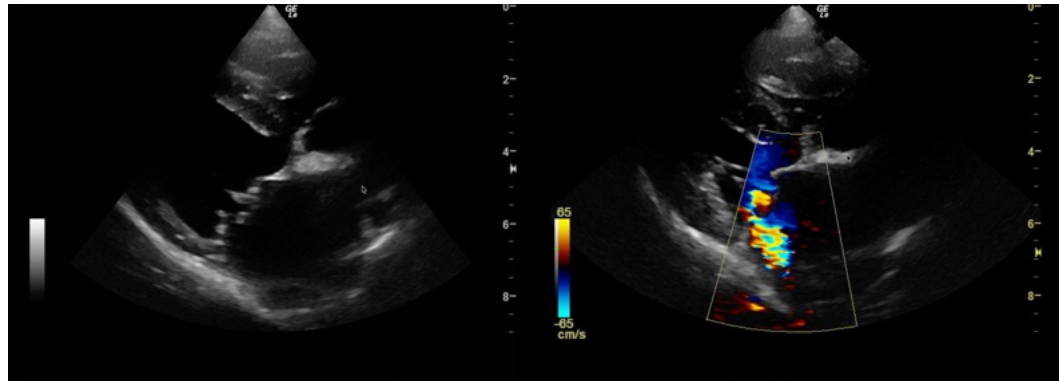
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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