



DATE PRESENTING CLINICAL SIGNS

6/2/26

PATIENT

Cal Chavis

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Neutered male

AGE

5/27/13

WEIGHT

27 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Breidenbaugh

INVOICE

78235

History: Presented for panting or increased respiratory rate, suspected anxiety was a trigger. Lungs ausculted normally with worsening murmur 4-5/6. Thoracic radiographs completed with no lung pathology at this time and symptoms seemed to settle down at home. P is also overweight with significant periodontal disease.

Pertinent abnormal PE/Chem/CBC/UA Results: Labwork not attached, reported as: Thoracic radiographs: Conclusion 1. Cardiomegaly with equivocal mild left atrial enlargement. This is likely associated with the reported mitral valve disease. 2. The appearance of the lungs is thought to be aging changes accentuated by the degree of inspiration. There is no definitive evidence of cardiogenic pulmonary edema, although it can be labile. Bronchitis is less likely in the absence of a cough. If patient is oxygen dependent, pulmonary thromboembolism is not excluded as a cause for tachypnea/dyspnea as radiographic findings can vary. 3. Round opacity in the mid dorsal thorax is thought to be end-on vasculature. A pulmonary nodule is less likely but difficult to definitively exclude. Last panel June 2025: CHEM: elevated ALP (historic, 456, prev 446, 278). Bloodwork due in June 2026

Current medications: Rimadyl 100mg: 1/4 tablet BID, Trazodone 50mg PRN for storm anxiety, Cosequin joint supplement (premedicating with butorphanol 0.2mg/kg IV)

Blood Pressure: N/A.

Sedation used: Not required to complete full diagnostic ultrasound.

Pertinent previous ultrasound results: 2/25/25. See attached.

STAT: Not requested.

Imaging performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is upper limits of normal to mildly 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 mild to moderate mitral regurgitation identified. The tricuspid valve leaflets are minimally thickened, with trivial tricuspid regurgitation and evidence of borderline 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 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	12.27 kg	NM	3.7	2.38	1.34	3.3	1.41
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	57	0.2	0.9	1.7	5.8	3.1	28

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with mild hemodynamic effects, still consistent with ACVIM Stage B1 disease. However, there has been mild progression since the previous evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended at this time. 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:

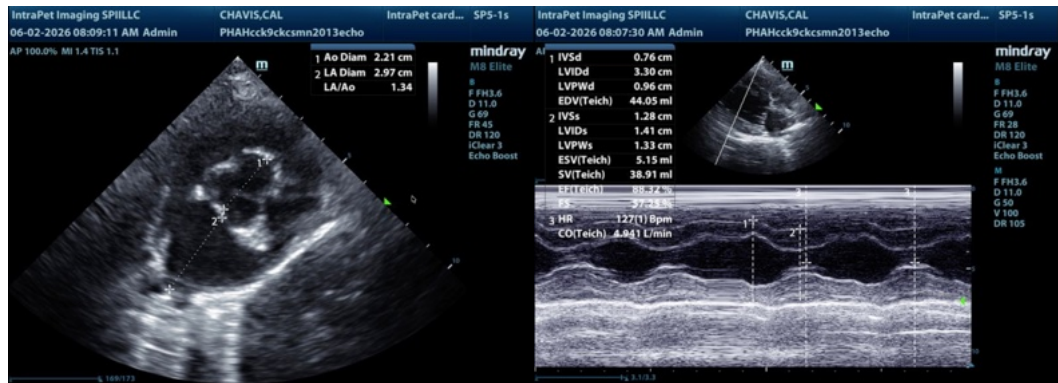
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

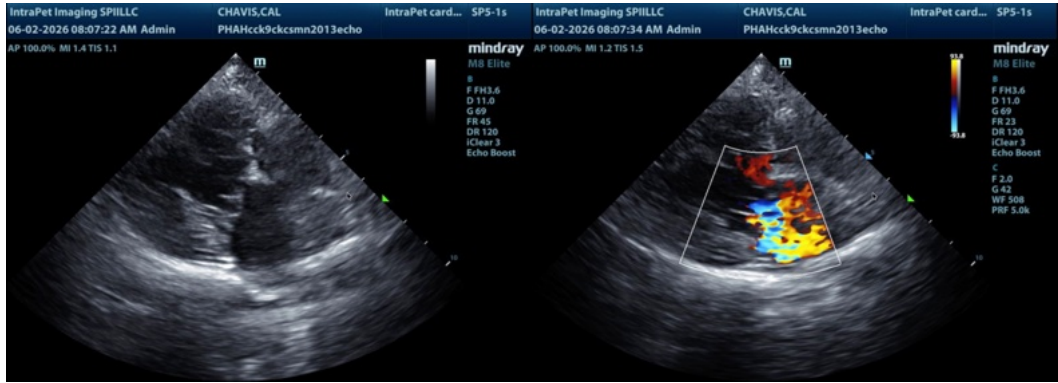
Diet:

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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