



DATE PRESENTING CLINICAL SIGNS

6/8/26

PATIENT

Jake Bossone

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Intact male

AGE

4/14/10

WEIGHT

5.6 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

HOSPITAL NAME

Lakeview AH

REFERRING VET

Dr. DeCordon

INVOICE

78421

History: Reason for visit: Coughing while lying down and making a wet gurgle like he is inhaling liquid when he is lying down which is followed by coughing fit. Daily coughing fits during activity or even at rest. Jake presented to Lakeview Animal Hospital for re-evaluation of cardiac status and assessment for possible progression of heart disease. Current History: Owner reports no acute changes at home. Imaging today shows the heart appears slightly larger compared to six months ago (current measurement 9.71 vs. previous 9.61). There is a subjective increase in pulmonary opacity, raising concern for possible mild pulmonary edema or vascular congestion. No C/S/V/D.

Pertinent abnormal PE/Chem/CBC/UA Results: Diagnostics attached, reported as: Cardiomegaly (heart size increased from 9.61 to 9.71 on radiographs compared to six months ago; heart appears more rounded). Possible pulmonary edema (increased pulmonary opacity/whiteness on radiographs suggestive of fluid

or vascular congestion in the lungs) OD non visual corneal opacity

Current medications: 06-05-2026 Furosemide 12.5mg – tablets- Give 1/2 tablet by mouth every 12 hours or as otherwise directed by your Veterinarian. 06-05-2026 Pimobendan 1.25mg – tablets Give 1 tablet by mouth every 12 hours or as directed by your veterinarian. 06-05-2026 Hydrocodone 5mg/1.5mg C-2 (Per Tablet)- Give 1/4 tablet by mouth every 6-8 hours as needed for coughing.

Blood Pressure: N/A.

Sedation used: Not required to complete full diagnostic ultrasound.

Pertinent previous ultrasound results: 8/11/25. 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 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 mild prolapse. There is mild 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 appropriate main pulmonary artery diameter and right pulmonary artery distensibility. There is no pulmonic and moderate 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. There is a mild diffuse bronchointerstitial pulmonary pattern with equivocal left atrial enlargement and no gross pulmonary edema identified on thoracic radiographs.

| 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 | 5.6 kg | NM | 2.77 | 1.42 | 1.24 | 2.64 | 1.56 |
| 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 | 41 | 0.2 | 0.9 | 1.4 | 6.4 | 2.5 | 28 |

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with ACVIM Stage B1 disease. A cardiac cause for the clinical signs is unlikely. There has been minimal progression since the previous exam.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is recommended. A conversation with the owner is warranted on the merits of discontinuing current diuretics and the risk/benefits associated with stopping and continuing. 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:

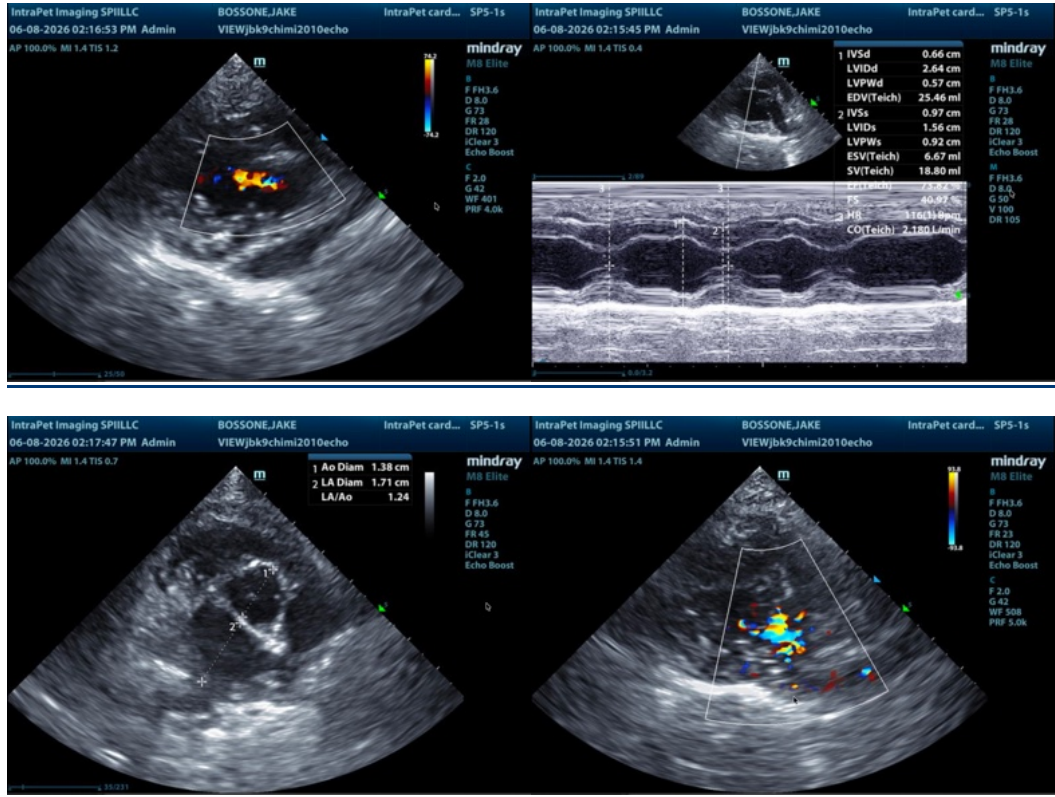
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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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