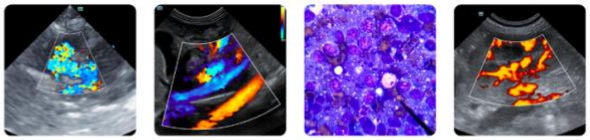


PATIENT

Lucy Bowers

SPECIES

Canine

BREED

Cocker Spaniel Mix

SEX

Spayed Female

AGE

14 Years 8 Months

WEIGHT

38 Pounds

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

River's Edge PMC

REFERRING VET

Dr. Dana Tsuchida

INVOICE

37436

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: PE: Grade 3-4/6, R systolic heart murmur. Tartar 3-4/4, gingivitis 2-3/3.
Cardiac workup prior to determine if P is an appropriate general anesthesia candidate.
Doppler BP: 220, 220, 225, 222, 230. Avg: 223mmHg systolic (stressed, not medicated)
Repeated BP: 310, 290, 280, 280, 269 with an average of 286mmHg. (after all diagnostics performed and received Butorphanol). Current Medications: Apoquel

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): 6/8/26: - RBC, 5.83 M/uL (5.65-8.87M/uL) - HCT 36.5 (37.3 - 61.6%) - LOW - HGB 12.9 (13.1-20.5g/dL) - LOW - Leukopenia, WBC at 4.69 (5.05-16.76 K/uL) with neutropenia at 2.83 (2.95-11.64K/uL) - Mild elevation of BUN at 28 (7-27mg/dL) with Crea WNL at 1.3mg/dL - Elevated ALKP at 1640 (23-212 U/L) with ALT WNL at 85 U/L Radiographic Findings (if applicable): Enlard cardiac silhouette.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

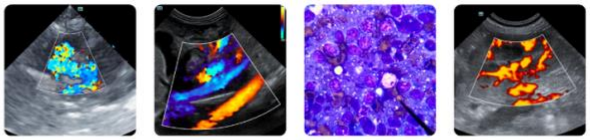
CANINE CARDIAC PARAMETERS	BW	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	17.27	160	4.92	2.21	1.75	4.06	2.39
CANINE CARDIAC PARAMETERS	**FS**	**EPSS**	**PV V MAX (m/s)**	**AV V Max (m/sec)**	**MR Vmax**	**TR Vmax**	**RPA distensibility (normal >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	1.1	2.4	5.9	3.0	NM

ECG Interpretation

There is a six-lead ECG with a paper speed of 50mm/s, 10mm/mV available for review. The underlying rhythm is regular. The rhythm appears to be sinus in origin with narrow QRS complexes. There is no atrial or ventricular ectopy and no conduction delay or block identified. This is most consistent with a normal sinus rhythm.

Cardiac Presentation

The left atrium is moderate to severely enlarged. The left ventricle is mildly enlarged, with normal systolic function. The right atrium and ventricle are normal in dimension, with normal systolic function.



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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 thickened and redundant, with mild 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 no pulmonic and no 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. No gross pulmonary pathology is identified on thoracic radiographs.

ULTRASONOGRAPHIC FINDINGS

- These findings are consistent with degenerative/myxomatous mitral valve disease with moderate hemodynamic effects consistent with ACVIM Stage B2.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations/Treatment:

Given the degree of chamber dilation, cardiac therapy with enalapril (0.5mg/kg BID) 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 chest X-rays, BP, and chemistry should be performed again in 1-2 weeks. If the patient is still hypertensive, then additional diagnostics and therapy according to the ACVIM consensus statement on systemic hypertension may be warranted. 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:

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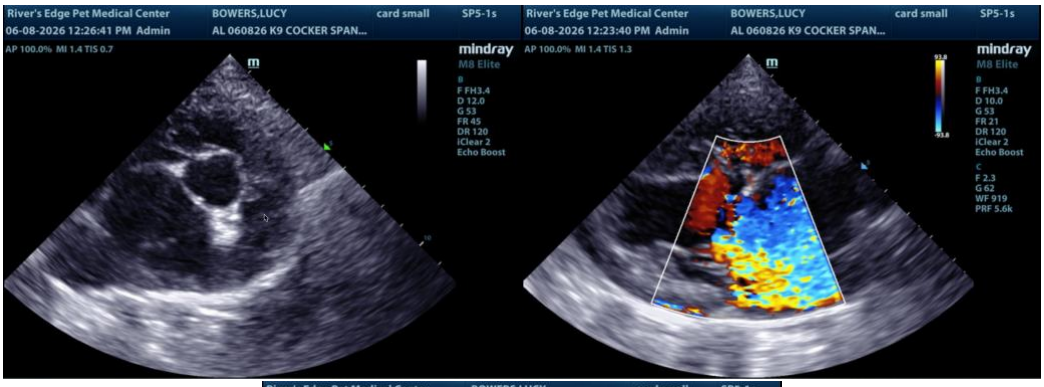
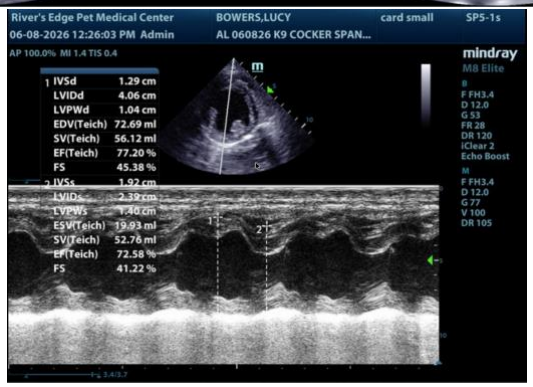
A high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina that is highly palatable with adequate protein and calories for maintaining an optimal body condition is recommended. Consider omega-3 fatty acid supplementation. Avoid any boutique, exotic, or grain-free diets.

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.



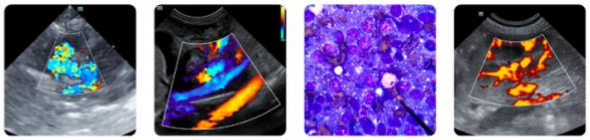


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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