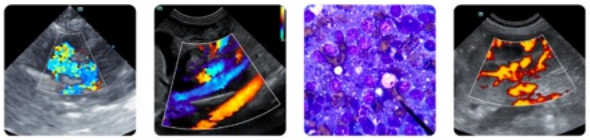

PATIENT

Newt Bedard

SPECIES

Canine

BREED

Aussie Shepherd

SEX

Male

AGE

8 years

WEIGHT

21 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dave Stasiuk RDMS, RDCS

HOSPITAL NAME

Southpointe VH

REFERRING VET

Dr. James

INVOICE

78440

DATE

6/8/26

PRESENTING CLINICAL SIGNS

A grade 3/6 heart murmur was auscultated, with the point of maximal intensity on the left side of the chest. Strong synchronous pulses.
Heart Murmur Plan: The options for the newly diagnosed heart murmur were discussed in detail with the owner.
Option 1 (Monitoring): Recheck auscultation in 6 months to monitor for any changes in the murmur's grade or character. No exercise or lifestyle restrictions are recommended at this time.
Option 2 (Definitive Diagnosis): An echocardiogram was recommended to determine the underlying cause of the murmur, which would provide prognostic information and guide any future medical management. An estimate for this procedure will be sent to the owner. The owner has elected to monitor for now.
I spoke with the client to follow up on the estimate that was sent for Newt. The client confirmed they would like to proceed with diagnostics, specifically an echocardiogram

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. The left ventricle is upper limits of normal in dimension, 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 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 mild 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.

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	21 kg	70	3.6	3.04	1.16	4.03	3.15
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	22	0.5	0.8	0.9	NM	<2.0	31

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with ACVIM Stage B1 disease. However, the marginal LV function in

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the setting of borderline diastolic dimensions, make early intrinsic myocardial dysfunction (ie DCM) is a concern. Other possibilities, including primary valve disease with secondary ventricular changes (uncommon) or myocardial depressant effects of systemic disease must also be considered. It would also be important to verify that the owners are not feeding a grain free diet. While it is possible that this is a variant of normal, the degree of dysfunction may be real, and thus warrants further monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of ventricular changes do not necessarily warrant therapy at this time, nor is there an overt contraindication for anesthesia (if needed). A follow-up echo is recommended in 3-6 months. In the meantime, the owners should watch for any signs of coughing, respiratory difficulty, exercise intolerance/weakness, as a sooner evaluation may be needed. If the owners are feeding a grain-free diet, an immediate diet change would be necessary, and the addition of taurine (50 mg/kg BID) would be appropriate.

The following sources for supplemental taurine are recommended:
Mega taurine caps by Twinlab (1000mg capsule)
Taurine by Swanson Health Products (500mg capsule)
Taurine by NOW foods (500mg capsule)
Taurine 500 by GNC (500mg tablet)

Anesthesia considerations:
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible (i.e., if not hypotensive). 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:
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. Consider omega-3 fatty acid supplementation. Ensure the patient is not currently receiving a boutique, exotic, or grain-free diet.

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.

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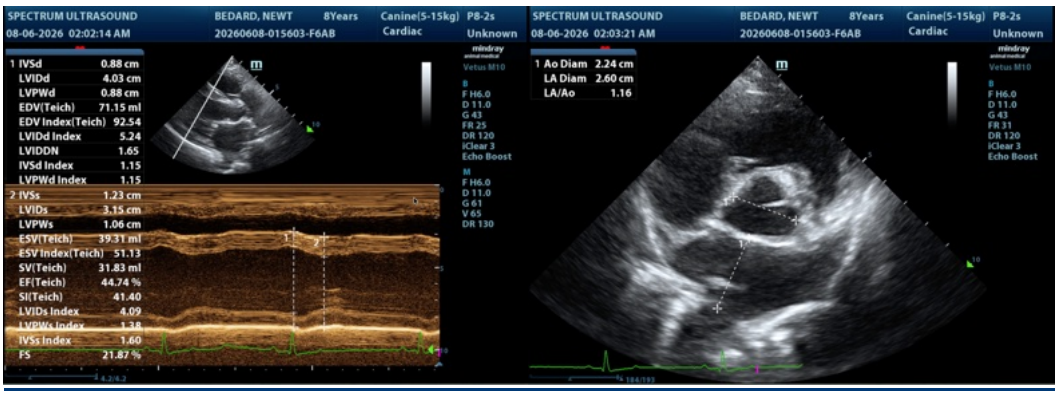

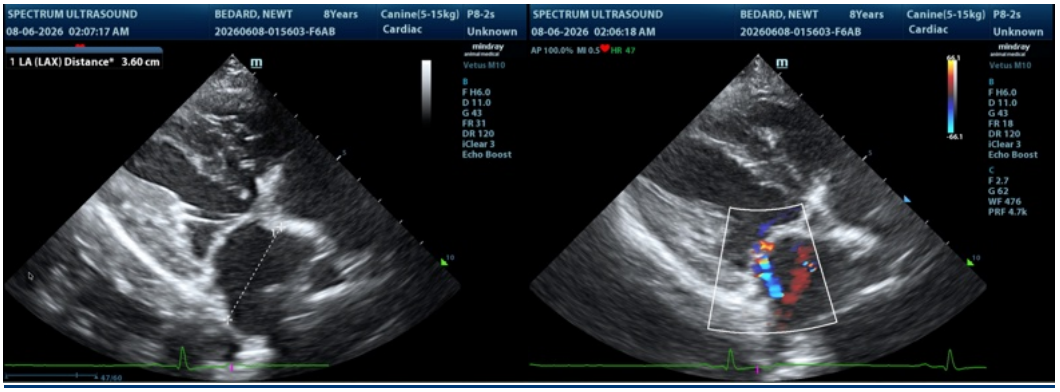

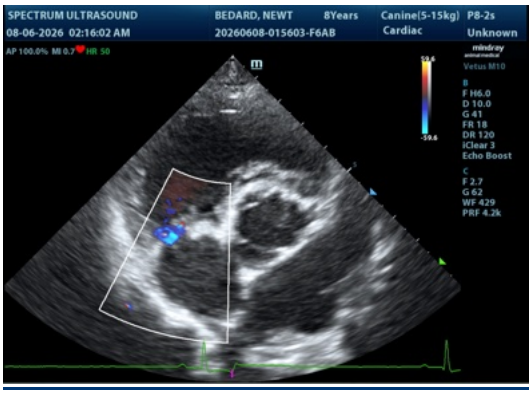

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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