



PATIENT

Pixie Russell

SPECIES

Canine

BREED

Pomeranian Cross

SEX

Spayed female

AGE

10 years

WEIGHT

12.8 lbs

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Grade 3/6 left apical systolic murmur chronic dermatitis- partially controlled cough- worsening over last 6 mo- significant tracheal sensitivity (suspect dynamic collapse) and cardiomegaly- worsened from last year excessive panting ABNORMAL Labwork Values last labs done in June- ALT 290, BUN 34 For ECHO Only: Blood Pressure n/a HR/RR/BP: 120/pant Is there a Heart Murmur? If so, please grade. grade 3/6 Current Medications hycodan tablets 1/2 tablet every 8-12 hours, simplicef 1/2 tablet every 24 hours, Pimobendan 1.25mg tablet am and 1/2 tablet pm. This am- 0.2mg/kg butorphanol IM and 1.25mg tablet Pimobendan

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is normal in dimension. The left ventricle is mildly enlarged, with normal systolic function. The right atrium and ventricle are subjectively normal in dimension and systolic function. The mitral valve is thickened and redundant consistent with myxomatous changes, and there is mild prolapse. There is evidence of mild mitral regurgitation. 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, and appropriate diameter and distensibility. There is no evidence of semilunar valve insufficiency. There is no visible pericardial, pleural, or free peritoneal fluid noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi.

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Bailey VC

REFERRING VET

Dr. Petrini

INVOICE

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11/25/25

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	5.82 kg	NM	2.69	1.27	1.29	3.19	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	51	0.1	1.1	1.7	62	2.9	NM

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with ACVIM Stage B1 disease. It is unlikely that any current morbidity is of cardiac origin.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no changes to cardiac therapy is recommended. Continued cough suppressants as needed for the cough is recommended, and can be administered up to q6 hrs if clinically necessary. Monitor for excessive sedation. 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:

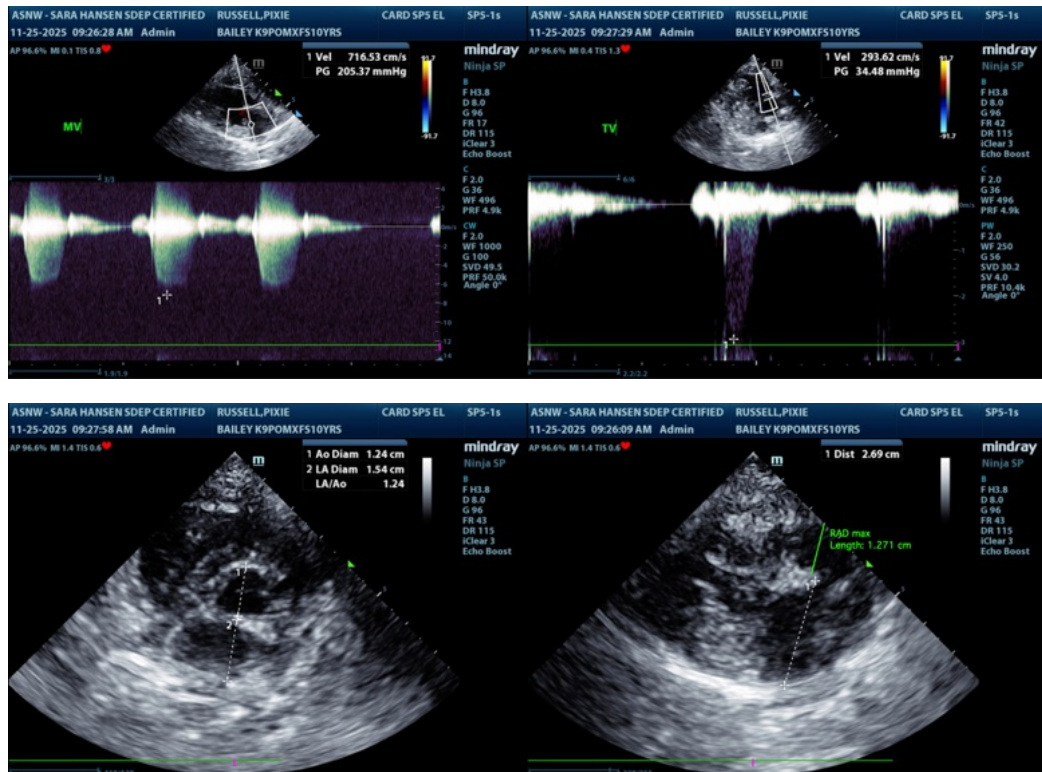
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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.





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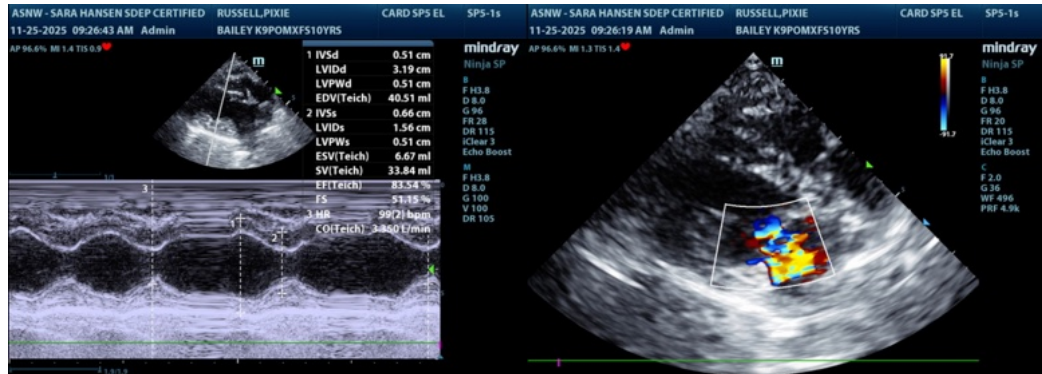
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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