

PATIENT

Quinlan Romsos

SPECIES

Canine

BREED

Wire Haired Fox Terrier

SEX

Neutered male

AGE

14 years

WEIGHT

25.2 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis VH

REFERRING VET

Dr. Gross

INVOICE

74476

DATE

4/15/26

PRESENTING CLINICAL SIGNS

Pet has a history of mitral valve insufficiency and has had two previous ultrasounds with Animal Sounds. Pet is on Pimobendan 2.5 mg po BID, furosemide 25 mg BID, prednisolone eyedrops for lens induced uveitis. Pet presented for intermittent vomiting and diarrhea of 6-7 days duration. Pet has lost a little over one pound. Owner gave Imodium.

ABNORMAL Labwork Values Pet had an elevated creatinine of 1.6, a BUN of 48, and an amylase of 1253

CBC showed thrombocytopenia 99,000, NRBC's of 4/100 WBC, Bands increased at 414/IU, and a lymphopenia at 598/UL

UA shows isosthenuria at 1.013 and an elevated pH of 7.5

HR/RR/BP: 130/35/174.5 mm/hg

Current Medications: Pimobendan 2.5 mg po bid, furosemide 25 mg po bid, pred acetate eye drops, maropitant 24 mg po once daily, metronidazole 250 mg po bid, provable forte paste and probiotics

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is 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 no significant prolapse. There is mild mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition and intact chordae, with no significant 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 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	11.45 kg	NM	3.39	1.85	1.11	3.08	2.01
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	35	0.2	1.3	1.0	4.8	NM	NM



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ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with at least ACVIM Stage B1 disease. Given the history of more advanced disease, and recent presentation of azotemia with gastrointestinal signs, it is plausible that the volume depletion from the current pathology is resulting in an under assessment of patients historic left sided dimensions.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings and history of azotemia, a discontinuation of the furosemide is recommended currently. Continue Vetmedin as previously directed. At this time, there are no cardiac contraindications to anesthesia, fluid therapy, vasopressor therapy, or corticosteroids as indicated for further assessment and treatment. However, if they are indicated, concurrent administration of low dose furosemide (1mg/kg SID) is recommended at that time. If not already performed, baseline thoracic radiographs and blood pressure are recommended. A recheck echocardiogram is recommended 1 month after resolution of current azotemia and gastrointestinal signs, or sooner if previous clinical signs of heart disease develop. This should be performed prior to reinstating diuretic therapy if possible.

Anesthesia considerations:

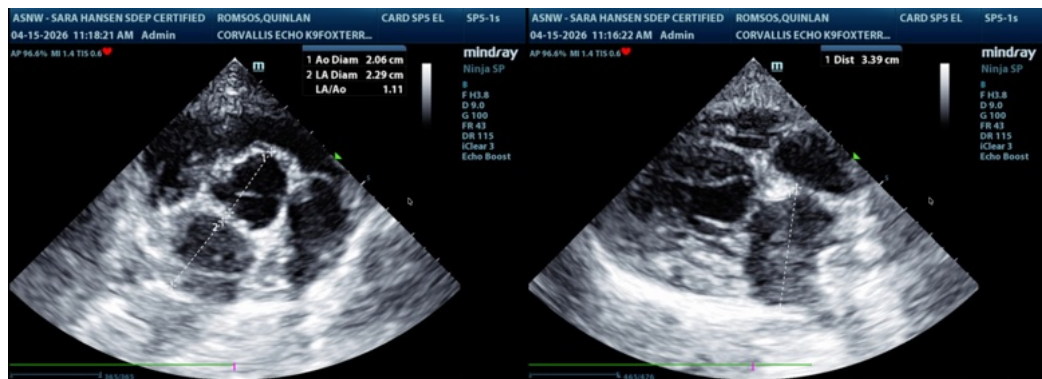
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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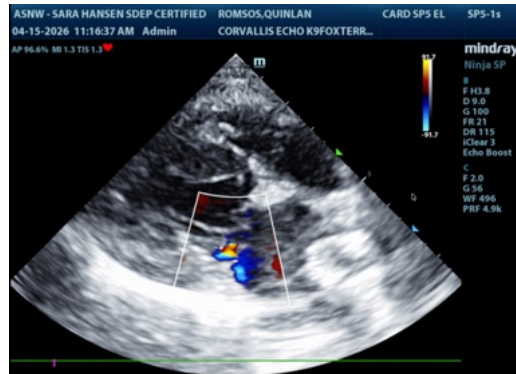
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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