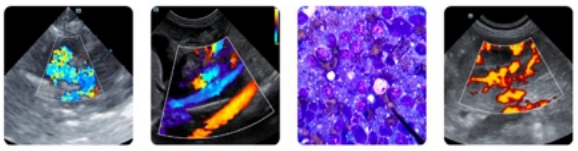


PATIENT

Champ Wolyniuk

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

11 years

WEIGHT

12.9 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Halfron

INVOICE

69228

DATE

12/12/25

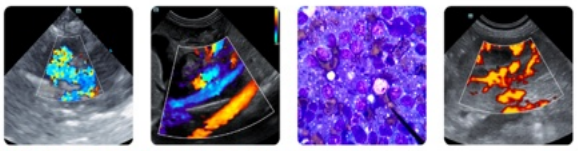
PRESENTING CLINICAL SIGNS

History: Recent onset of lethargy, occ collapse, straining to have BMs Heart Murmur, Grade IV Distended abdomen due to ascites Hepatomegaly Cardiomegaly 11/20/2024 - 1. Myxomatous valve disease - mild mitral regurgitation, trace tricuspid regurgitation; ACVIM Stage B1 DVD+MR+TR based on Dr Jones Trillium Vet Cardiology Echo, not currently on medications for this KCS Current Medications Gabapentin 100 mg BID; Thyrotab 0.2 mg BID; Tacrolimus opth for KCS. Torb for ultrasound today
Abnormal PE/Chem/CBC/UA Results: Elevated ALP and Urea (as of June 2025) Radiographic Findings hepatomegaly, indistinct abdominal contents due to ascites, not constipated, bladder small, did not take radiographs of heart but could appreciate cardiomegally Primary Question to Be Answered in This Exam Ascities - due to heart or liver Any co-morbidies other than heart disease that might suggest a different treatment option needed Any additional medications needed based on current state of heart disease Any liver or abdominal changes that might suggest quality of life concerns or need for hepatic supplements or referral

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 prominent to mildly enlarged with adequate systolic function. There is no overt intraventricular septal flattening identified. The mitral valve is thickened and redundant consistent with myxomatous changes, and there is minimal prolapse. There is evidence of mild mitral regurgitation. The tricuspid valve leaflets are thickened and redundant with mild tricuspid regurgitation and no definitive 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 mild dilation reduced 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.

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	12.9 kg	NM	3.2	2.8	1.37	2.74	2.24
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	18	0.1	0.7	1.1	5.0	2.4	34



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ULTRASONOGRAPHIC FINDINGS

These findings identify changes consistent with significant pulmonary hypertension (despite the lack of an elevated TR gradient) in conjunction with degenerative mitral disease. The lack of chamber enlargement is consistent with ACVIM stage B1, making cor pulmonale secondary to primary pulmonary disease/PH the likely cause for morbidity. Pulmonary hypertension in dogs is most commonly secondary to primary respiratory disease (chronic bronchitis, pulmonary fibrosis, or other forms of pulmonary interstitial disease). Pulmonary hypertension can also develop in dogs with severe heartworm disease or secondary to pulmonary thromboembolism (PTE). Less commonly, pulmonary hypertension is identified in dogs as an idiopathic condition. The degree of PH has resulted in mild right sided cardiac dilation (cor pulmonale), and suspected subsequent congestive heart failure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Therapy for CHF is recommended, and should include Lasix (2 mg/kg BID), enalapril (0.5 mg/kg BID), and Vetmedin (0.25-0.35 mg/kg BID), and spironolactone (1-2 mg/kg BID). Evaluation for primary pulmonary disease with thoracic radiographs, a heartworm test, and bronchoscopy are indicated. The merits of an airway scope/wash should be discussed with the owner, especially prior to any steroid use. A repeat echo is indicated in 3-6 months.

Anesthesia considerations:
Anesthesia should be avoided if possible. If anesthesia is necessary, then alpha-2 agonists, ketamine, 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 (5 ml/kg/hour) if possible (i.e., if not hypotensive). A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is mandatory. Premedication with an opioid (e.g., 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.

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 with mild dietary sodium restriction (<100 mg/100 kcal) is recommended. 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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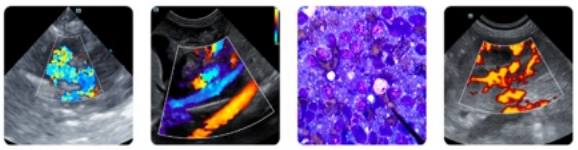

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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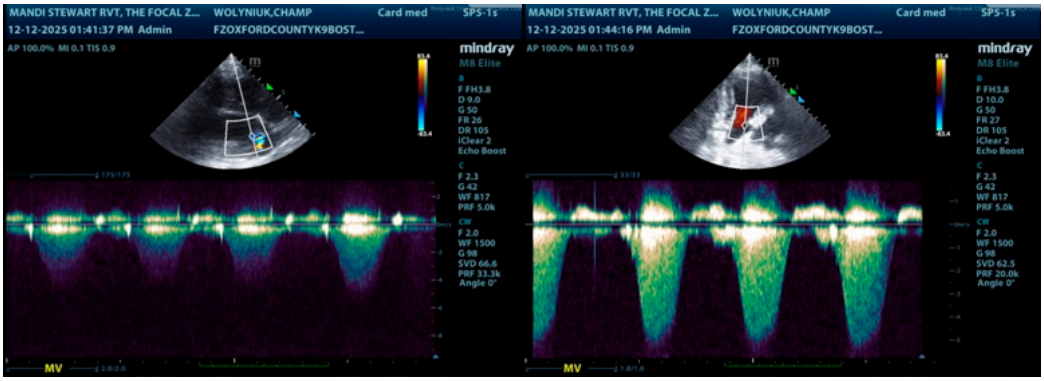

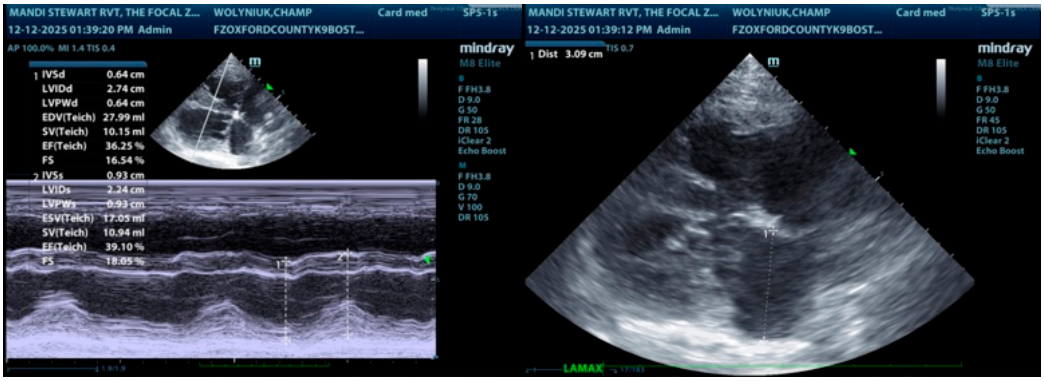

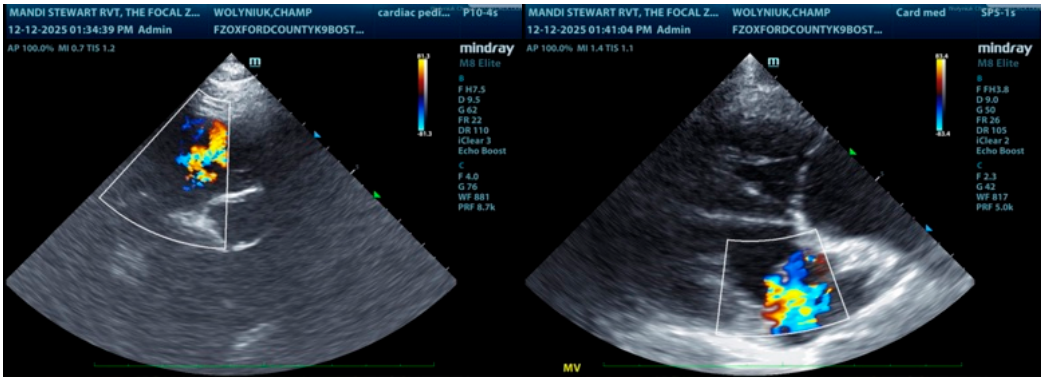

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com