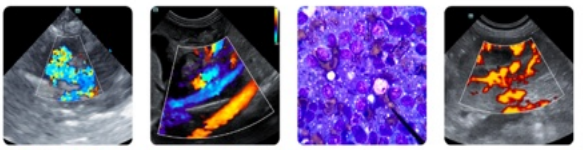




**PATIENT**

Isaac Caiazzo

**SPECIES**

Canine

**BREED**

Standard Poodle

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

66 lbs

**INTERPRETED BY**

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Millen Road AH

**REFERRING VET**

Dr. Karmur

**INVOICE**

74291

**DATE**

4/8/26

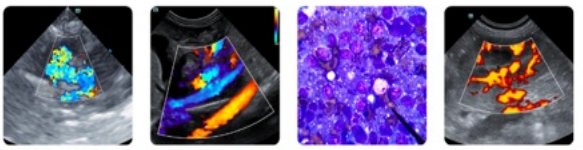
## PRESENTING CLINICAL SIGNS

History: A wet, watery cough began this week, the day after a fall. The owner reports it sounds like he is trying to cough something up. A significant coughing fit occurred last night.
Additional Information: The owner reports a history of a fall on the stairs this week, which was heard but not seen. This was followed by spasms in the left hind leg for a couple of hours, with one more episode last night. The patient is a retired autism service dog. He is reported to be happy and not lethargic, with a normal appetite.
Current Medications Furosemide 20mg SID
Abnormal PE/Chem/CBC/UA Results: ALT 162, ALP 175 Radiographic Findings Enlarged pulmonary veins. Narrow caudal trachea. The cardiac silhouette findings indicate cardiac/left atrial enlargement and pulmonary venous congestion, as seen with mitral valve insufficiency, but there are no additional signs of cardiac decompensation (pulmonary edema or pleural effusion/ascites) in this patient with a murmur. Some impingement/compression of the left caudal mainstem bronchus by the large left atrium is likely present and is probably contributing to the patient's respiratory signs.

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is moderately enlarged. The left ventricle is mildly enlarged with reduced 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 moderate prolapse. There is moderate mitral regurgitation identified. The tricuspid valve leaflets are thickened and redundant, with mild 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. Numerous B-lines are noted within the pulmonary parenchyma.

| 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 | 30 kg | NM | 5.69 | 2.86 | 1.93 | 5.15 | 3.89 |
| **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 | 24 | 0.5 | 0.7 | 1.0 | 5.5 | NM | NM |





SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

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## ULTRASONOGRAPHIC FINDINGS

- These findings are consistent with degenerative mitral valve disease with significant hemodynamic effects. Given the degree of chamber enlargement, and recent thoracic radiographs, congestive heart failure is a likely explanation for the clinical signs, consistent with ACVIM Stage C.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued therapy for CHF is recommended, with Lasix (2mg/kg BID), enalapril (0.5mg/kg BID assuming normotension and lack of renal insult), and Vetmedin (.25-.35mg/kg BID). A repeat chest X-rays, BP, and chemistry should be performed now for a baseline, and again in 1-2 weeks. A repeat echo is indicated in 3 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:
Anesthesia should be avoided until manifestations of congestive heart failure (edema/effusion/respiratory distress) have resolved. Following that time, 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. Anesthetic IV fluid use should be limited to < 3 ml/kg/hr and, if IV fluid therapy is administered during the procedure, a 1 mg/kg dose of IM Lasix should be administered when the patient is awake and standing in recovery. 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 with mild dietary sodium restriction (<100 mg/100 kcal) 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.

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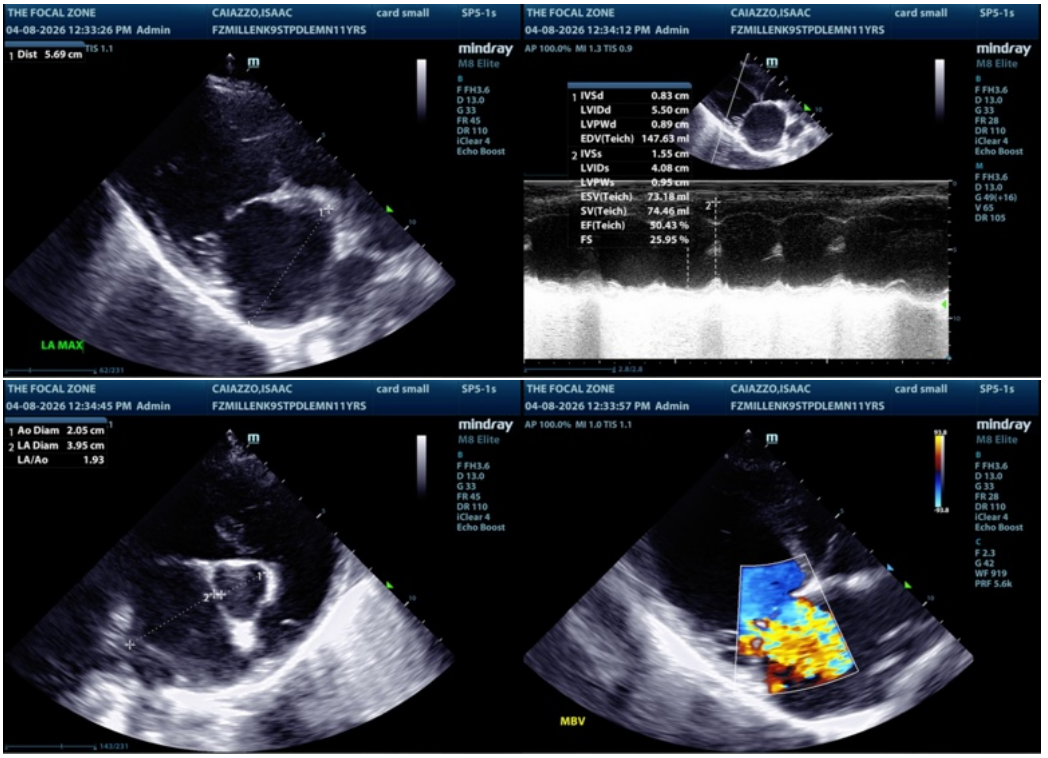


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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