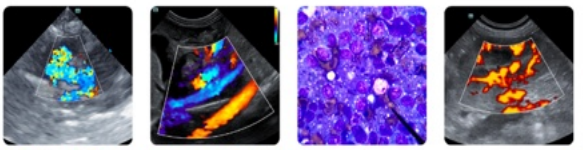


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ted Anderson

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

11 years

WEIGHT

8.9 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Burlington Veterinary Emergency and Referral

REFERRING VET

Dr. Hiscox

INVOICE

77923

DATE

5/25/26

PRESENTING CLINICAL SIGNS

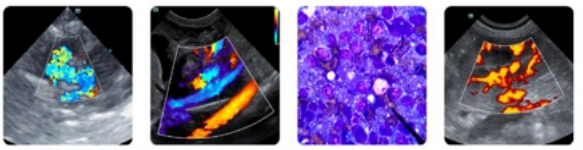
History: Ted is an 11yo Male Neutered Boston Terrier referred for suspected Canine Chronic Ulcerative Stomatitis (CCUS). Raw fed, Heart murmur (first noted Apr 2023), Does not allow thorough oral exam without sedation, Chronic enteropathy previously (currently stable on raw food). Pimobendan started empirically April 13. Echocardiogram previously recommended but declined due to stress/sedation for Ted. *Remainder of hx will be emailed*
Current Medications
Vetmedin 2.5mg BID, Gabapentin 100mg BID, Metacam [8kg dose] SID, Antibiotic (Clavamox) 125mg BID, Trazodone 100mg (just PVP)
Abnormal PE/Chem/CBC/UA Results: April 9, 2026 with Aquitaine Animal Hospital CBC: Increased - Platelets 522 (175 - 500). Decreased - Eosinophils 0.07 (0.10 - 1.49) CHEMISTRY: Increased - Globulin 5.1 (2.5 - 4.5). Decreased - ALP 21 (23 - 212) 4DX: Negative

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is mild to moderately enlarged. The left ventricle is moderately enlarged, 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 to moderate mitral regurgitation identified. The tricuspid valve leaflets are thickened and redundant, 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 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	8.9 kg	150	3.73	1.44	1.53	3.92	2.58
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	34	0.4	0.6	0.7	5.6	< 2.0	34

ECG:
There is a six-lead ECG available for review. The underlying rhythm is regular at an average rate of 150bpm. The rhythm appears to be sinus in origin with narrow QRS complexes. There is a single complex on the 5th page of the strip that may reflect isolated atrial ectopy, however this may also represent motion or baseline artifact. No conduction delay is identified. This is most consistent with a normal sinus rhythm.



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ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with moderate hemodynamic effects consistent with ACVIM Stage B2.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the degree of chamber dilation, cardiac therapy with enalapril (0.5 mg/kg BID assuming normotension and lack of renal insult) and Vetmedin (0.25-0.35 mg/kg BID) is recommended. While there is an increased risk of IV fluids, corticosteroids, or anesthesia, there is no overt objection, as the need likely outweighs the risks. If not already performed, baseline thoracic radiographs and blood pressure are recommended. A repeat chest X-rays, BP, and chemistry should be performed again in 1-2 weeks. A repeat echo is indicated in 6 months. Consideration could be given to mitral valve repair (open heart surgery or transcatheter edge to edge repair). 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:
While there is no CHF present, there is likely an increased anesthetic risk which must be considered prior to any anesthetic procedure. 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. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. 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 an optimal body condition 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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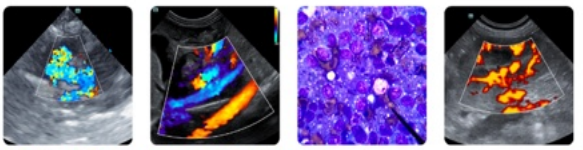

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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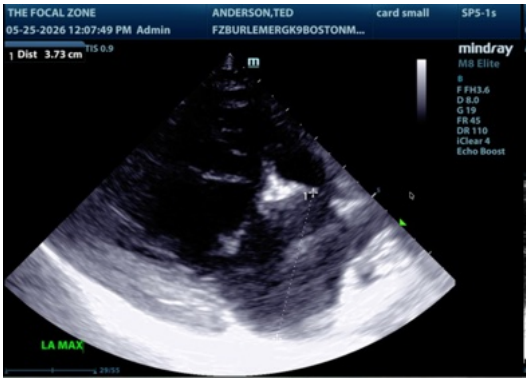

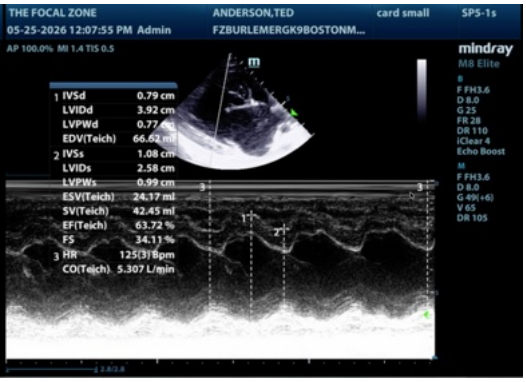

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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