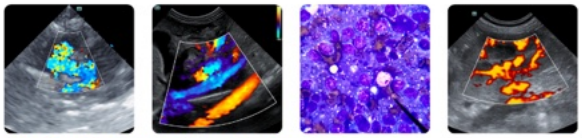


PATIENT

Bella Kaywork

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

10 years

WEIGHT

26.3 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzone

INVOICE

72097

DATE

3/2/26

PRESENTING CLINICAL SIGNS

- Syncope events @home CHF recheck. Last echo 8/12/25
- Meds- pimo, lasix, spiron, enalapril

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is severely enlarged. The left ventricle is mildly enlarged, 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 mild prolapse. There is severe mitral regurgitation identified. The tricuspid valve leaflets are thickened and redundant, with mild to moderate 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 mild 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	11.95	NM	4.76	2.65	2.83	4.07	1.58
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	61	0.2	0.9	1.4	4.8	NM	NM

ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative mitral valve disease with significant hemodynamic effects. Given the degree of chamber enlargement, congestive heart failure is a reasonable explanation for the historic signs, consistent with ACVIM Stage C. There is no evidence of pulmonary hypertension documented on this study, but it cannot be ruled out as an explanation for the syncope. However, given the severity of the mitral regurgitation, the syncope may also be related primarily to the underlying heart disease.

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), spironolactone (1-2mg/kg BID), and an increase in Vetmedin frequency (.25-.35mg/kg TID). A repeat chest X-rays, BP, and chemistry should be performed

PATIENT
Bella Kaywork

SPECIES
Canine

BREED
Mix

SEX
Spayed female

AGE
10 years

WEIGHT
26.3 lbs

INTERPRETED BY
Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY
Kerri Becker

HOSPITAL NAME
Legacy AH

REFERRING VET
Dr. Potenzone

INVOICE
72097

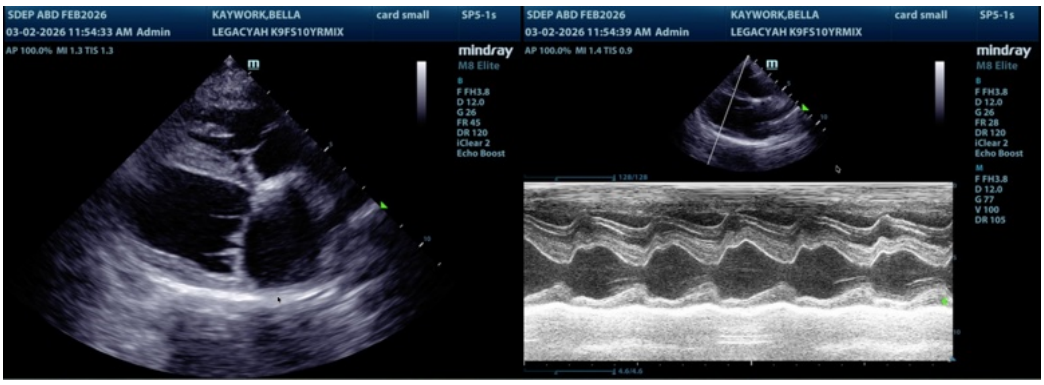
DATE
3/2/26

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.



PATIENT

Bella Kaywork

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

10 years

WEIGHT

26.3 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Legacy AH

REFERRING VET

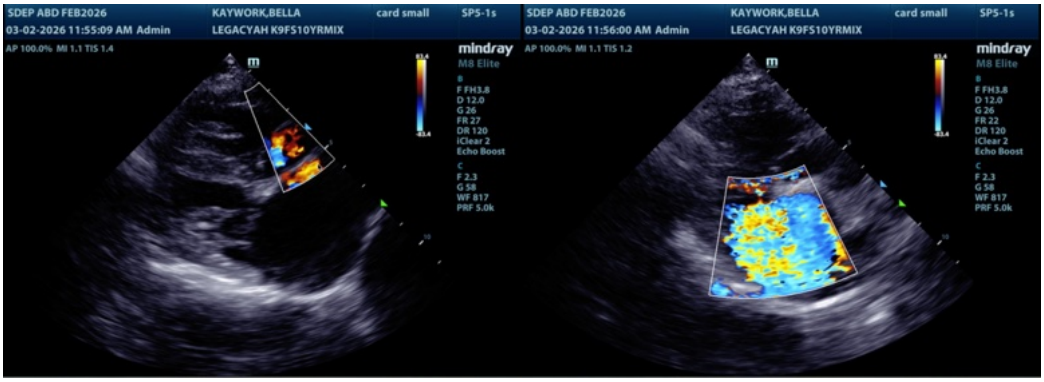
Dr. Potenzone

INVOICE

72097

DATE

3/2/26



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