



PATIENT

Chloe Hay

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

12 years

WEIGHT

8.8 lbs

PRESENTING CLINICAL SIGNS

History: Lethargy, increased panting.

Clinical findings - enlarged heart, grade V/VI murmur, trachea is collapsed at thoracic inlet. Current medications - Gentamicin OS

Abnormal PE/Chem/CBC/UA Results: ALT 124, HGB 18.1, HCT 57.36, RDWC 20.7, Rest WNL

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 thickened and redundant, with mild to moderate tricuspid regurgitation and evidence of mild pulmonary hypertension (however this is confounded by the possibility of pulmonic stenosis). The left ventricular outflow tract demonstrated normal laminar flow and the visible aorta is unremarkable. The right ventricular outflow tract assessment revealed turbulent laminar flow, with a dilated main pulmonary artery and mildly reduced right pulmonary artery 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. No gross pulmonary pathology is identified on thoracic radiographs, however there is dynamic collapse at the thoracic inlet.

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Vincent Ravancho,
 CVT

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

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	4.0 kg	NM	1.72	1.67	1.37	1.4	0.92
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	0.1	3.5	1.0	NM	3.5	25

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ULTRASONOGRAPHIC FINDINGS

These findings are consistent with degenerative/myxomatous mitral valve disease with minimal to mild hemodynamic effects consistent with ACVIM Stage B1 disease. In addition, the right ventricular outflow tract velocity is elevated, with evidence of pulmonic insufficiency and a dynamic component. It is possible that this reflects a mild pulmonic stenosis; however, given the patient's age, this would be incompatible with a newly auscultated murmur. The combination of new onset mitral valve disease and congenital pulmonic stenosis is a plausible explanation, but this is uncertain. Similarly, the presence of



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pulmonary hypertension is in doubt as an outflow tract obstruction would elevate right ventricular pressures, making the use of TR to assess pulmonary pressures invalid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy will be recommended at this time. Ideally, referral to a veterinary cardiologist for further evaluation is recommended. There are no cardiac contraindications to anesthesia, fluid therapy, vasopressor therapy, or corticosteroids as indicated for further assessment and treatment. If referral is not pursued, a recheck echocardiogram is recommended in 6 months. In the meantime, the use of cough suppressants may also help alleviate any clinical signs as a result of the tracheal collapse.

Anesthesia considerations:

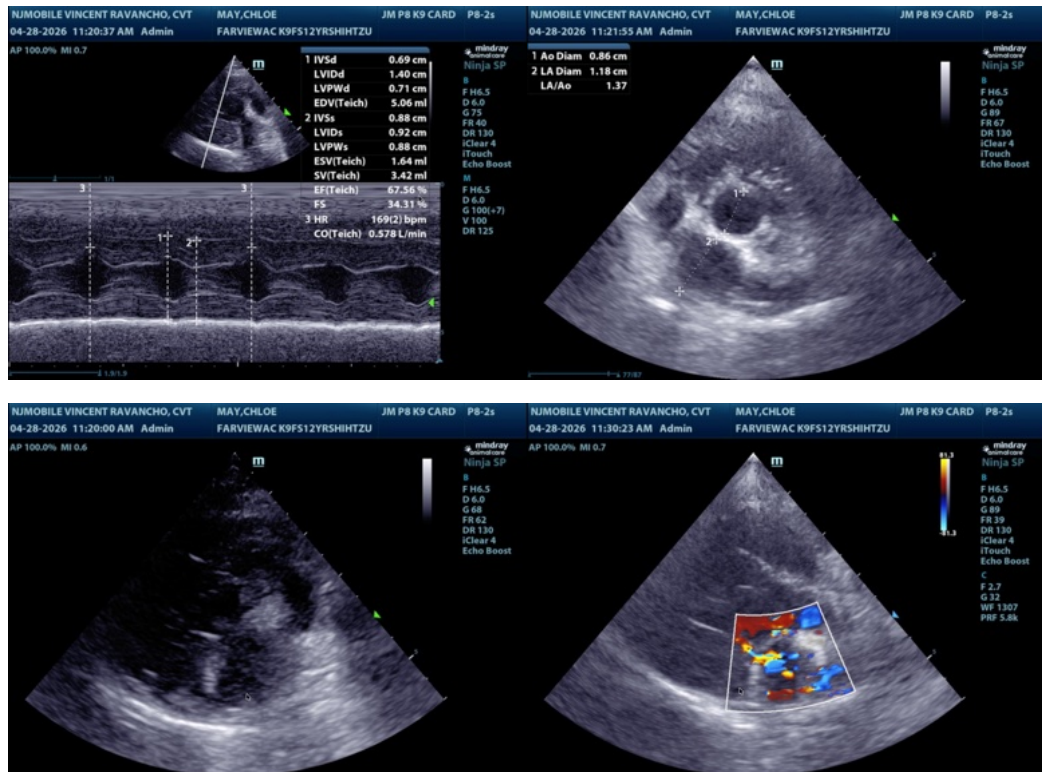
If anesthesia is necessary, alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Fluid therapy during anesthesia should be considered at a conservative rate (e.g., 5 ml/kg/hour) if possible.

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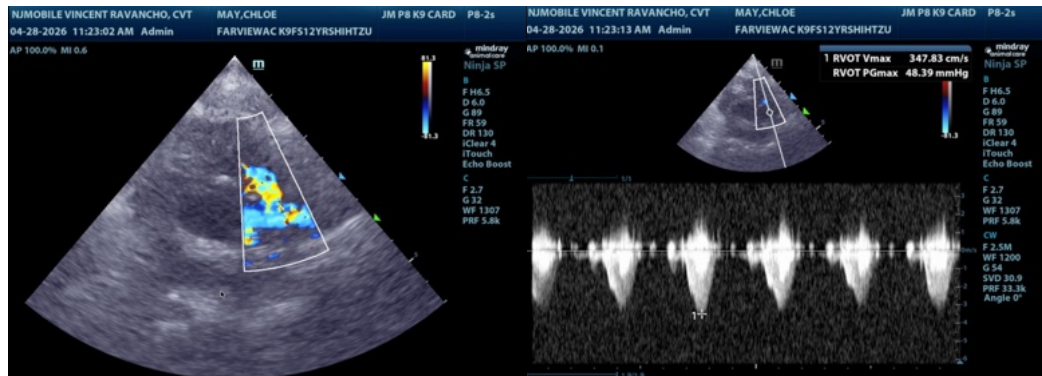
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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