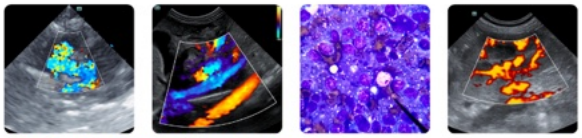


PATIENT

Tilly Woodward

SPECIES

Canine

BREED

Pekingese

SEX

Spayed female

AGE

12 years

WEIGHT

11 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Lake Hopatcong AH

REFERRING VET

Dr. Navarro

INVOICE

78435

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Labored breathing, unproductive, cough, cardiomegaly, increased radio density in lung Field. Furosemide 12.5 mg 1/2 tab BID. Terbutaline suspension 1mg/ml 0.25ml TID.
Abnormal PE/Chem/CBC/UA Results: Rbc 9.2, Mcv 58.8, Mch 19.0, Rdw 22.9, neut 12.89, Mono 1.48

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 moderate to severely enlarged, with marginal systolic function and evidence of intraventricular septal flattening. The anterior and posterior mitral valve leaflets are appropriately thin with adequate apposition, intact chordae, and there is no significant prolapse. There is no significant mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, with mild to moderate tricuspid regurgitation and evidence of severe 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 a dilated main pulmonary artery and 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. There is no overt cardiomegaly on thoracic radiographs, and a diffuse moderate bronchointerstitial pulmonary pattern, but no overt pulmonary edema.

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	5.0 kg	170	1.63	2.63	1.26	1.57	1.06
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	32	0.1	1.0	1.1	NM	4.5	NM

ULTRASONOGRAPHIC FINDINGS

These findings identify significant pulmonary hypertension (PH) in the absence of any clinically relevant left-sided disease. Therefore, cor pulmonale secondary to primary pulmonary disease/PH is 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 right sided cardiac enlargement (cor pulmonale), and commonly causes syncope. The clinical signs are likely attributable to this condition.

PATIENT

Tilly Woodward

SPECIES

Canine

BREED

Pekingese

SEX

Spayed female

AGE

12 years

WEIGHT

11 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Lake Hopatcong AH

REFERRING VET

Dr. Navarro

INVOICE

78435

DATE

6/8/26

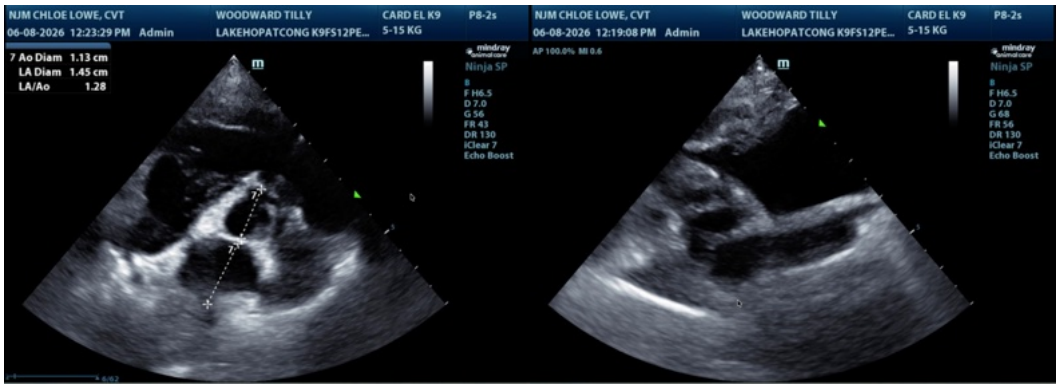
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the degree of right sided cardiac enlargement, cardiac therapy is reasonable at this time. Treatment for the PH/presumed respiratory disease is also warranted, as clinical signs are present. Therapy should include Vetmedin (0.25-0.35 mg/kg BID), sildenafil (2 mg/kg TID) or tadalafil (2mg/kg SID), and enalapril (0.5 mg/kg BID assuming normotension and lack of renal insult). Discontinuation of the diuretics is recommended given the small left sided dimensions. Thoracic radiographs, blood pressure and chemistry panel should be performed again in 1-2 weeks. A repeat echocardiogram, thoracic radiographs, blood pressure, and chemistry panel is indicated in another 3-6 months, or sooner if progression is suspected, clinical signs develop/worsen, or additional cardiac therapy is being contemplated.

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.



PATIENT

Tilly Woodward

SPECIES

Canine

BREED

Pekingese

SEX

Spayed female

AGE

12 years

WEIGHT

11 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Lake Hopatcong AH

REFERRING VET

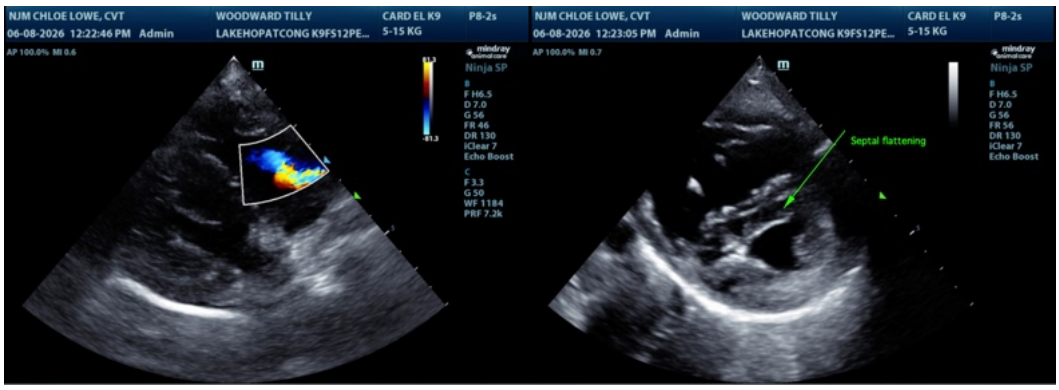
Dr. Navarro

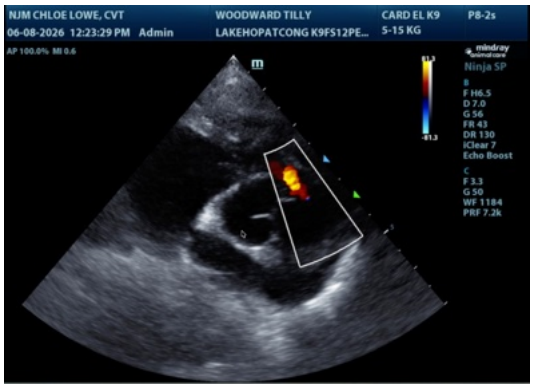
INVOICE

78435

DATE

6/8/26





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