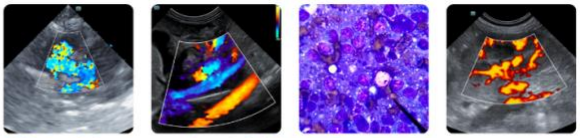

PATIENT

Coraline Alo

SPECIES

Canine

BREED

Teacup Poodle

SEX

Spayed Female

AGE

13 Years

WEIGHT

6.10 Pounds

INTERPRETED BY

Camden Rouben DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Loeb

INVOICE

35180

DATE

1/2/26

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: - Grade 6/6 heart murmur - Previously diagnosed B2 several years ago - Severe dental disease - Suspected tracheal collapse ABNORMAL Labwork Values No recent labs For ECHO Only: Blood Pressure Not obtained yet HR/RR/BP: WNL Is there a Heart Murmur? If so, please grade. Grade 6/6 Current Medications Pimobendan and a hydrocodone syrup Radiographic Findings none obtained.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	**MR VMAX** (m/s)	**TR VMAX** (m/s)	**LA/AO** (M-Mode)	**LA/AO** (Heart Base; Swe)	**FS** (%)	**EF** (%)	**EPSS** (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.37	1.9	1.2	1.21	78.21	98.2	0.16
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LAD** LA MAX 4 Chamber	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	--	--	--	2.77	--	2.87	0.26

Cardiac Presentation

Based on the overall history, the mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed in multiple eccentric jets. There is mild prolapse of the mitral valve leaflets. The left atrial size is moderate to severely increased. Left ventricular internal dimensions during diastole are increased and systolic function is preserved in the face of mitral regurgitation. The left ventricular walls are hyperdynamic. There is normal right atrial size with mild tricuspid regurgitation. There is mild prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension based upon tricuspid regurgitant velocities. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses based on the images provided.

ULTRASONOGRAPHIC FINDINGS

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- Based on the images provided, this patient does have degenerative valve disease, ACVIM stage B-2, affecting the mitral and tricuspid valve leaflets.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pimobendan therapy should be at 0.3 mg/kg, by mouth, every 12 hours. The use of enalapril from 0.25 – 0.5 mg/kg, by mouth, twice per day, should be considered. This would be a lifelong therapy.

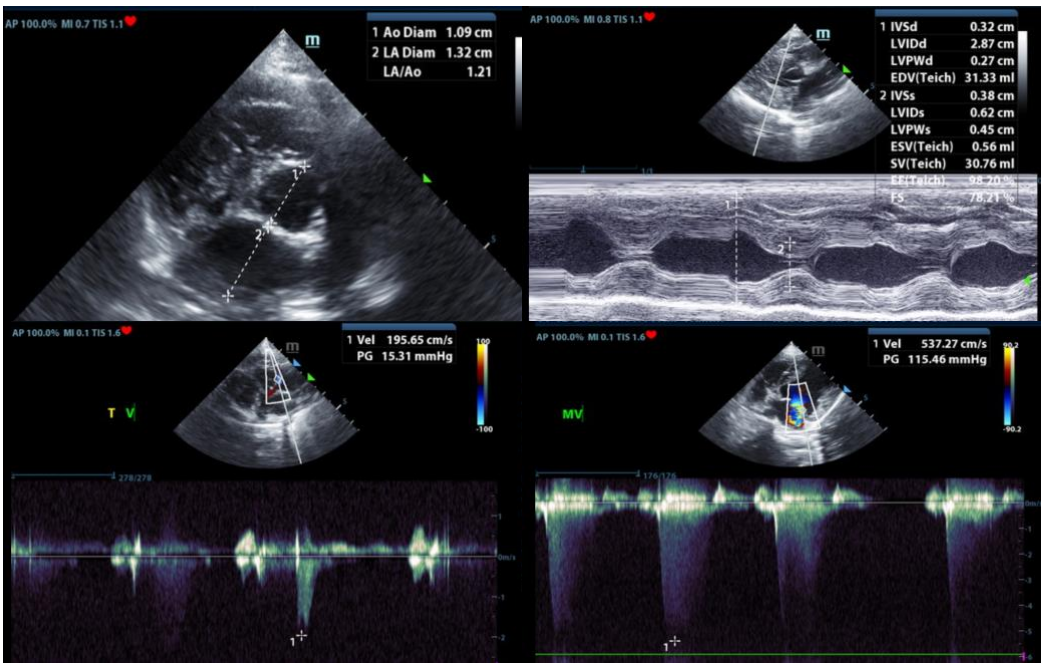
A recheck echocardiogram is recommended in 6 months to monitor the condition. A sooner recheck is recommended if the patient develops cardiovascular clinical signs.

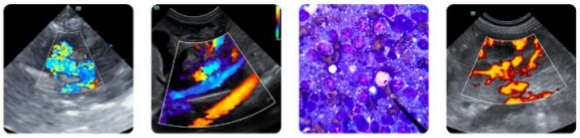
The client should start monitoring resting respiratory rate and effort at home, if not already doing so. The resting respiratory rate should be <35-40 br/p/m when the patient is resting or sleeping. If the breathing rates are increasing, then chest xrays are recommended.

A blood pressure should be performed on the patient to ensure it is <160mmHg systolic. If the blood pressure is elevated recommend following ACVIM guidelines to control that.

Activity restriction is not warranted at this time.

The use of anesthesia for elective procedures should be used with the utmost caution, because this patient is at a high risk for going into congestive heart failure. Judicious perioperative fluid rates are recommended, if necessary, due to increased left atrial size. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face of a clinically significant bradyarrhythmia.





SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

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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.

Camden Rouben DVM, DACVIM (Cardiology)

info@SonoPath.com