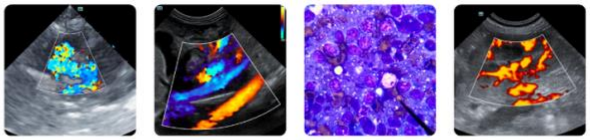

PATIENT

Isadora Antongiorgi

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

16 Years

WEIGHT

10.6 pounds

INTERPRETED BY

Camden Rouben, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Diaz Umpierre

INVOICE

13055

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

Px presented as a referral for an echocardiogram due to Hx of syncopes, left heart enlargement, a grade 3/6 heart murmur, and a collapsed trachea. Px is currently on Temaril P (SID) and Furosemide 12.5mg (PO BID). Client indicates that Px originally visited referring DVM because of inappetence. Px was hospitalized for 3 days and regained appetite. Px is having episodes where she's gagging but won't vomit, client states that the syncopes occur during these episodes where Px "runs out of air and briefly goes unconscious". Px was Dx with a collapsed trachea more than 5 years ago.

Abnormal PE/Chem/CBC/UA Results: Referring DVM's radiographs have been attached below for your reference

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** (mm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	2.8	NM	1.36	54	87	4.2 mm
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 (mm)	**LVIDs** Avg; 2D and m-mode short axis (mm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	121	0.73	0.68	4.81	21.1 mm	19.2 mm	8.8 mm

Cardiac Presentation

Based off the images provided, the mitral valve leaflets are moderately thickened with mild mitral regurgitation in at least one central jet. There is **no** significant prolapse of the mitral valve leaflet. The left atrial size is normal. Left ventricular internal dimensions during diastole are within normal limits and systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with mild tricuspid regurgitation. There is prolapse of the tricuspid valve leaflets and no significant evidence of pulmonary hypertension based upon the images provided. 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. Aortic valves are mildly thickened. There is no evidence of pulmonic insufficiency. There is trace 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.

ULTRASONOGRAPHIC FINDINGS

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- This patient has degenerative valve disease ACVIM stage B1 effecting the mitral, tricuspid and aortic valves.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cardiac medications are indicated at this time. This patient should be weaned off of furosemide or Lasix over the span of a week to a week and a half. Since this can be a progressive condition, serial monitoring is recommended. A recheck echocardiogram is recommended in six months. Sooner recheck is recommended if the patient's heart murmur worsens.

Clients should start monitoring resting respiratory rate and effort at home if not already doing so. The resting respiratory rate and effort should be less than 30 to 45 breaths per minute when the patient is resting or sleeping. If the breathing rates are increasing, then thoracic radiographs are recommended.

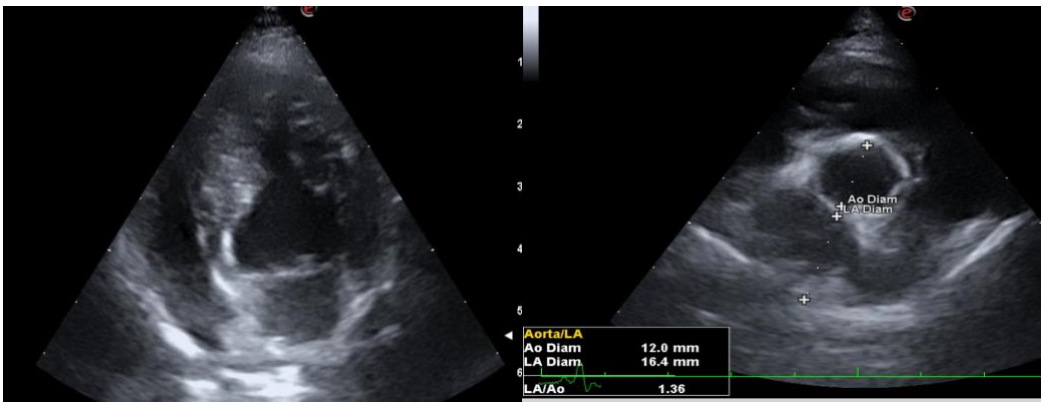
Elective anesthetic procedures should be well tolerated. We recommend obtaining a blood pressure on this particular patient to ensure that it is less than 160 millimeters of mercury systolic. If the blood pressure is elevated, recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

In regards to the patient's overall inappetence and the fact that it has been on a rather high dose of furosemide, it is strongly recommended that this patient have a full CBC and chemistry and probable urinalysis to assess the overall kidney function.

In regards to the patient's gagging followed by the syncopal events, it is concerning that the syncopal events are likely to be vasovagal in nature given the normal EKG. However, a 6-lead EKG and a 24-hour Holter monitor should be considered for this patient to rule out arrhythmogenic causes for the events.

If this patient does have evidence of persistent coughing, then antitussive medications such as diphenoxylate atropine and hydrocodone at anywhere from 0.2 to 0.5 mg/kg by mouth every 8 to 12 hours as needed should be considered. In addition, an internal medicine consultation should be considered to assess the patient's dynamic airway obstruction and probable bronchomalacia just given on the history in the thoracic radiographs.

Activity restriction is not warranted in this particular patient.



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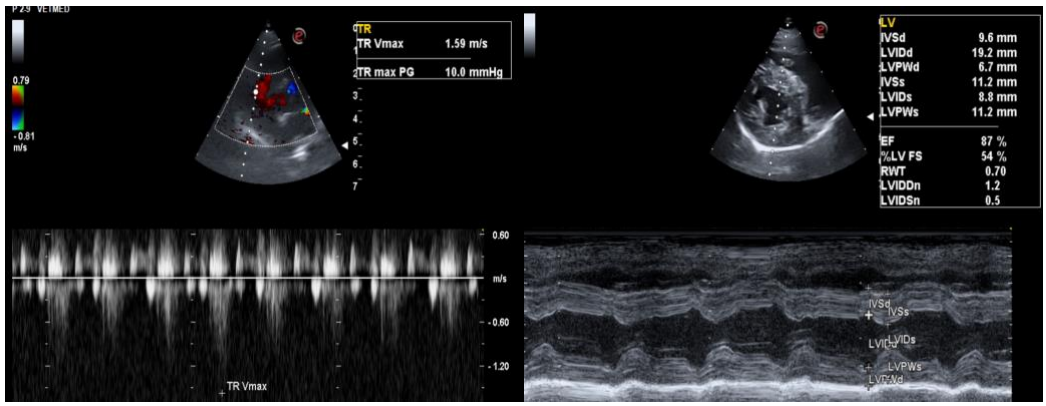

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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