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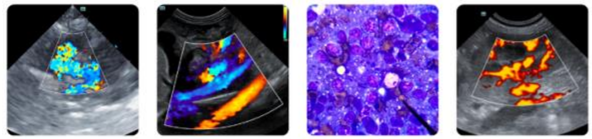


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Daisy Mae Leblond

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

11

WEIGHT

3.3 kg

INTERPRETED BY

Camden Rouben DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Lauren Kuzimski, DVM

HOSPITAL NAME

AEH Deland

REFERRING VET

Lauren Kuzimski, DVM

INVOICE

35990

DATE

12/21/25

PRESENTING CLINICAL SIGNS

History: Patient presents for suspected CHF. Pt has a history of heart disease with a 4/6 heart murmur. Has been on Lasix, Pimobendan, Benazepril and Hydrocodone. Last week patient went to rDVM and was prescribed Prednisone. Hx of tracheal collapse and respiratory infections per owner. Currently on a Lasix CRI 0.75mg/kg/hr. BP:2 Cuff RF Sternal 151/103(139) 131/91(108) 133/75(90).

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

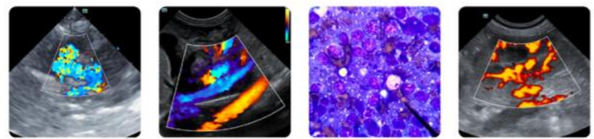
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	NM	2.07	62.8	--	NM
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (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	--	--	--	3.3	--	2.5	0.93

Cardiac Presentation

Based on the images provided, the mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is significantly increased. Left ventricular internal dimensions during diastole are increased and systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with mild tricuspid regurgitation. There is no significant prolapse of the tricuspid valve leaflets and no 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. 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.

ULTRASONOGRAPHIC FINDINGS

- Based on the images and the history provided, this patient has degenerative valve disease, ACVIM stage C, affecting the mitral and tricuspid valves.



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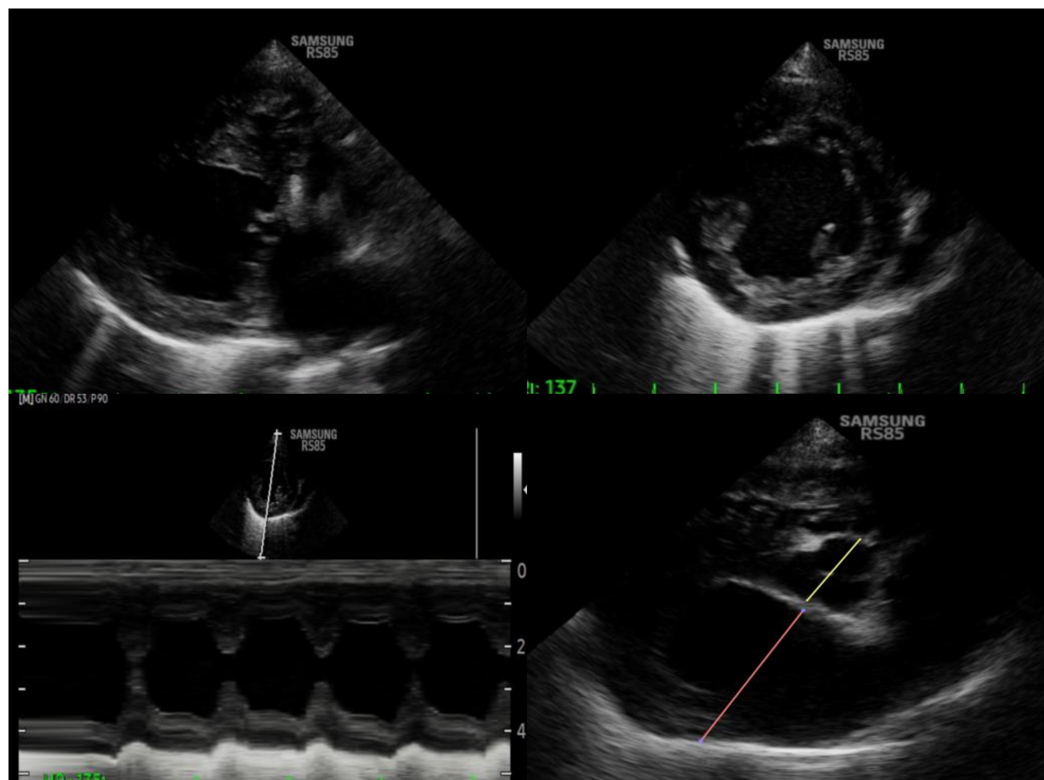
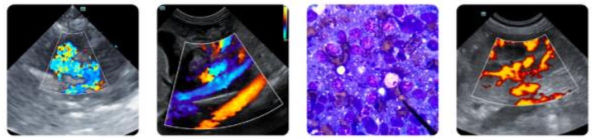
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already performed, this patient should have 3 view thoracic radiographs to confirm cardiogenic pulmonary edema. This patient's resting respiratory rate and effort should be evaluated on an hourly basis. This patient should be administered pimobendan at a dose of 0.25-0.3 mg/kg twice per day, if not already doing so. The Lasix CRI that this patient is currently on should be continued until the resting respiratory rate is <50 b/p/m, or the patient's cardiogenic pulmonary edema has been resolved. A blood panel should be evaluated in this patient to evaluated, to evaluate the patient's overall kidney parameters, as well as blood electrolytes. The use of prednisone in this patient should be discontinued. The use of spironolactone should be considered at a dose of 1-2 mg/kg by mouth once per day. Once the patient's resting respiratory rate and effort has been relieved, then a recheck chest xrays and kidney and electrolyte blood panel should be performed. The use of furosemide, pimobendan, benazepril, and hydrocodone should be continued. Activity restriction is not warranted. Anesthetic procedures, particularly elective anesthetic procedures, are not warranted, however, are recommended against at this point in time due to the fact that this patient has been in congestive heart failure.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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