



PATIENT

Dolly O'Neal

SPECIES

Canine

BREED

Toy Poodle

SEX

Female

AGE

15 Years

WEIGHT

4.1 kg

INTERPRETED BY

Camden Rouben, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Ethan Bloomer

HOSPITAL NAME

Echosound Veterinary
Mobile Imaging
Services

REFERRING VET

Dr. Hannah Dadah

INVOICE

36531

DATE

4/10/26

PRESENTING CLINICAL SIGNS

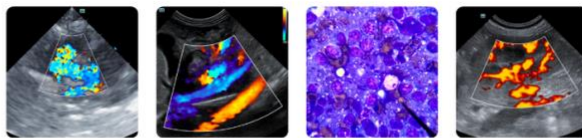
History: Patient has a recurrent history of coughing episodes and a Grade 1-2/6 heart murmur that recently progressed to a Grade 4/6 in early April 2026. Prior radiographs from 4/1/26 showed no overt pulmonary edema and a VHS of 10, so the patient was treated for potential chronic bronchitis or tracheal collapse via separate trials of Prednisolone, Tamaril-P, and hydrocodone, none of which led to improvement. Owner reports short fast breaths while asleep and resting, reduced appetite, and some lethargy. Coughing and shallow breathing episodes can be triggered by handling the patient. Echo was recommended to rule out CHF or other cardiac disease as a component of the respiratory and other clinical signs.

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	5.8	2.99	1.9	2.49	64.62	93.28	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	--	1.13	0.68	4.1	3.05	2.68	0.95

Cardiac Presentation

Based off of the images provided, the left atrial size is mild to moderately enlarged. There is significant thickening of the mitral valve leaflets. There is mild prolapse of the anterior leaflet of the mitral valve. There is also significant mitral regurgitation noted in at least one eccentric jet. The left ventricular size is distended in diastolic dimensions. The overall systolic function appears normal. The aortic valve has normal morphology. There's no evidence of aortic insufficiency. The outflow velocities from the aortic valve are within normal limits. The right atrial size is within normal limits. The tricuspid valve is mildly thickened, and there is mild tricuspid regurgitation. The right ventricle subjectively appears normal in structure and function. The pulmonic valve has normal morphology. The corresponding outflow velocities for the pulmonic valve are within normal limits, and there's no evidence of pulmonic insufficiency. There's no evidence of significant pulmonary hypertension based off of the images provided. There's no evidence of intracardiac masses, pericardial effusion, abdominal effusion, or pleural effusion based off of the images provided.



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ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease, ACVIM stage B-2 affecting the mitral and tricuspid valves.

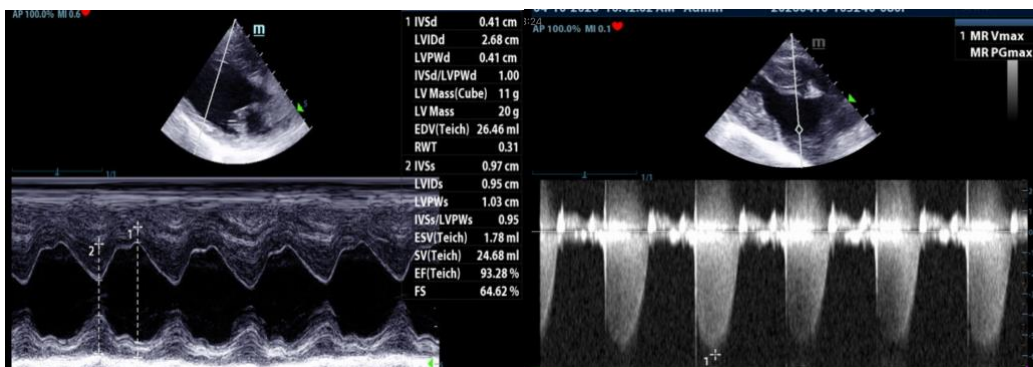
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Since this patient does have advanced degenerative valve disease, it is strongly recommended that this patient be started on pimobendan at a dose of 0.25 - 0.3 mg/kg by mouth twice per day. This medication will continue indefinitely. This patient's blood pressure should be assessed to make sure that it is < 160 mmHg systolic. If it is greater than that, then antihypertensive should be considered. Based off of the patient's history of coughing, thoracic radiographs should be performed if not done so in a long time. The diagnosis of congestive heart failure should be made by taking three view thoracic radiographs. If cardiogenic pulmonary edema is noted, then furosemide should be considered in this patient. If no cardiogenic pulmonary edema is noted and the patient continues to cough, consider a trial of antitussive medications such as hydrocodone and/or diphenoxylate atropine, also known as Lomotil, at a dose of 0.25 - 0.5 mg per kg by mouth every 8-12 hours as needed for coughing. If this patient is particularly coughing from dynamic airway obstruction or bronchomalacia, the owner should know that it is unlikely that the cough will ever be cured.

Anesthesia should be used with caution in this particular patient. Judicious use of IV fluids are warranted. The use of dexmedetomidine and other alpha-2 agonists and ketamine should not be given in this patient. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia.

The owner should closely monitor this patient for increased resting respiratory rate and effort. If it is ever > 40 breaths per minute at rest consistently, then thoracic radiographs should be performed.

Activity restriction is not warranted in this patient.





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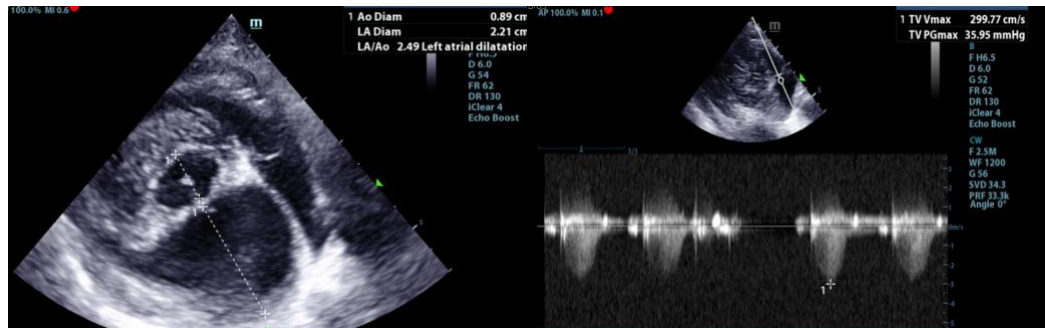
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Camden Rouben DVM, DACVIM (Cardiology)

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