



PATIENT PRESENTING CLINICAL SIGNS

Cash Feeney History: On Lasix for cough and early CHF based on Rads. Meds: Vetmedin 2.5 mg q12 hours, Furosemide 12.5 mg Q 12
 Abnormal PE/Chem/CBC/UA Results: USG 1.031

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

CKC Spaniel

SEX

Neutered Male

AGE

9 years 5 mos

WEIGHT

21 lbs

INTERPRETED BY

Camden Rouben DVM, DACVIM (Cardiology)

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	5.54		2.79	2.37	46.76	77.98	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	--	1.28	1.06	9.55	--	4.94	2.63

MVEPSS: 0.23

Cardiac Presentation

The mitral valve leaflets are significantly thickened with moderate mitral regurgitation in multiple regurgitation jets. There is mild 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 at least trace tricuspid regurgitation. There is no evidence of prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension. 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 trace pulmonic insufficiency. There is no evidence of aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches are not visualized. The pulmonary artery is well-visualized. The branches are not. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses based upon the images provided.

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Hohokus VH

REFERRING VET

Dr. Alipui

ULTRASONOGRAPHIC FINDINGS

- Based on the patient's history, this patient had Degenerative valve disease ACVIM Stage C

INVOICE

22992

DATE

5-7-26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The use of pimobendan Furosemide should be continued as prescribed. The use of an ACE inhibitor and spironolactone is warranted in this particular patient. A kidney panel and blood electrolyte levels should be assessed, then reassessed every 3-4 months as long as on diuretic therapy. A recheck echocardiogram is recommended in 6 months. A sooner recheck is recommended if the patient develops cardiovascular or clinical signs.



PATIENT

Cash Feeney

The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be <35-40 breaths/minute when the patient is resting or sleeping. If the breathing rates are increasing, then three-view thoracic radiographs are recommended.

SPECIES

Canine

A blood pressure is recommended to ensure the patient has a blood pressure of <160mmHg systolic.

BREED

CKC Spaniel

Elective anesthetic procedures are not recommended in this particular patient. The use of Dexdomitor and other alpha 2 agonists should be avoided. Ketamine should also be avoided. Activity restriction is not warranted in this particular patient.

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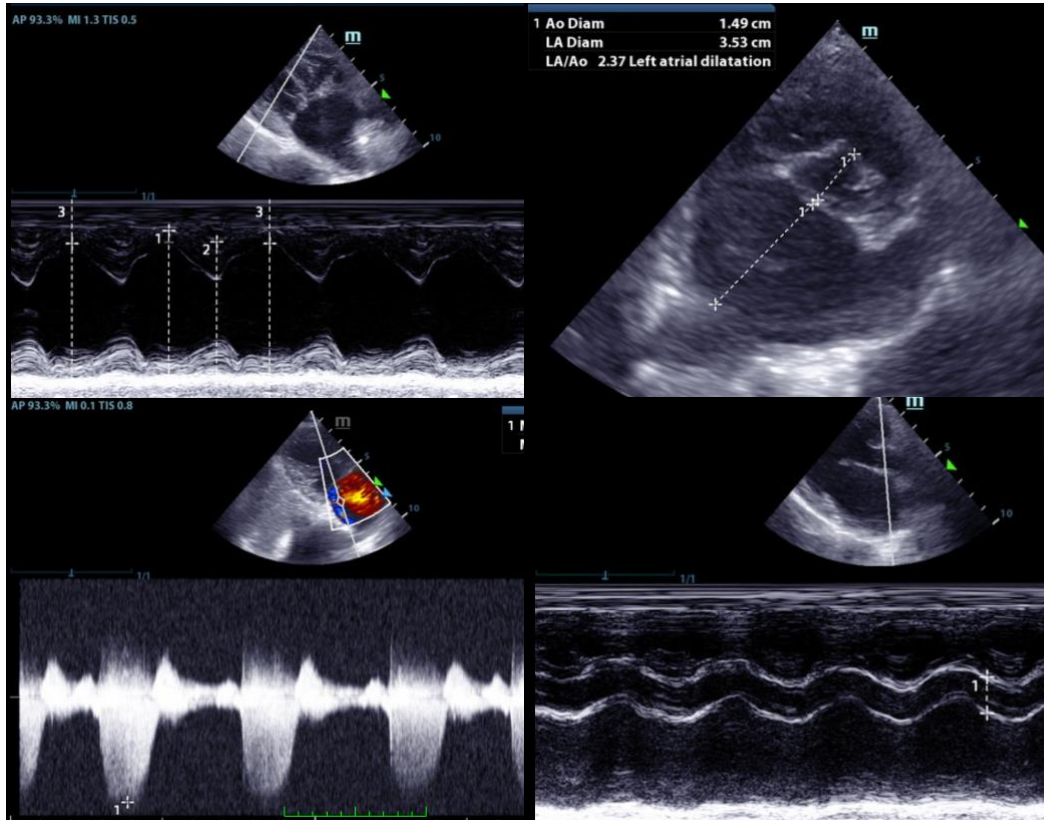
Camden Rouben DVM, DACVIM (Cardiology)

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REFERRING VET

Dr. Alipui

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.

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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)

DATE

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info@SonoPath.com