



PATIENT PRESENTING CLINICAL SIGNS

Payal Rajendran History: Referred from PWC for doing Echocardiogram to address Heart murmur/coughing.
 Clinical findings - Heart murmur 4-5/6, Hx of coughing for 1-2 month, Hx of MCT hind leg removed years ago. Not on any medications only Interceptor and Bravecto.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

8 years 5 mos

WEIGHT

16.6 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	5.37	At least 3.0	NM	3.24	40.13	72.23	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	158	1.66	0.96	7.55	4.25	3.30	1.67

MVPSS: 0.21 cm

Cardiac Presentation

The mitral valve leaflets are moderately thickened with significant mitral regurgitation in at least one regurgitant jet. There is mild prolapse of the mitral valve leaflets. The left atrial size is severely 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 thickening of the tricuspid valve leaflets. There is not 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. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery appears normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

HOSPITAL NAME

Summit Dog & Cat Hospital

REFERRING VET

Dr. Nada

ULTRASONOGRAPHIC FINDINGS

- Based upon the images provided, the patient has Degenerative valve disease ACVIM Stage B2

INVOICE

22996

DATE

5-7-26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease ACVIM stage B2 and pimobendan therapy is recommended (at 0.27-0.32mg/kg PO q12). This will be a lifelong therapy. A recheck echocardiogram is recommended in 6 months to monitor the condition since starting pimobendan. Three-view thoracic radiographs are warranted to evaluate the cause of the coughing. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should



PATIENT

be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing then three-view thoracic radiographs are recommended.

Payal Rajendran

SPECIES

Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg systolic. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

Canine

BREED

If this patient needs IV fluids or general anesthesia, judicious perioperative fluids are recommended due to severely 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. Activity restriction is not warranted in this patient.

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IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Summit Dog & Cat Hospital

REFERRING VET

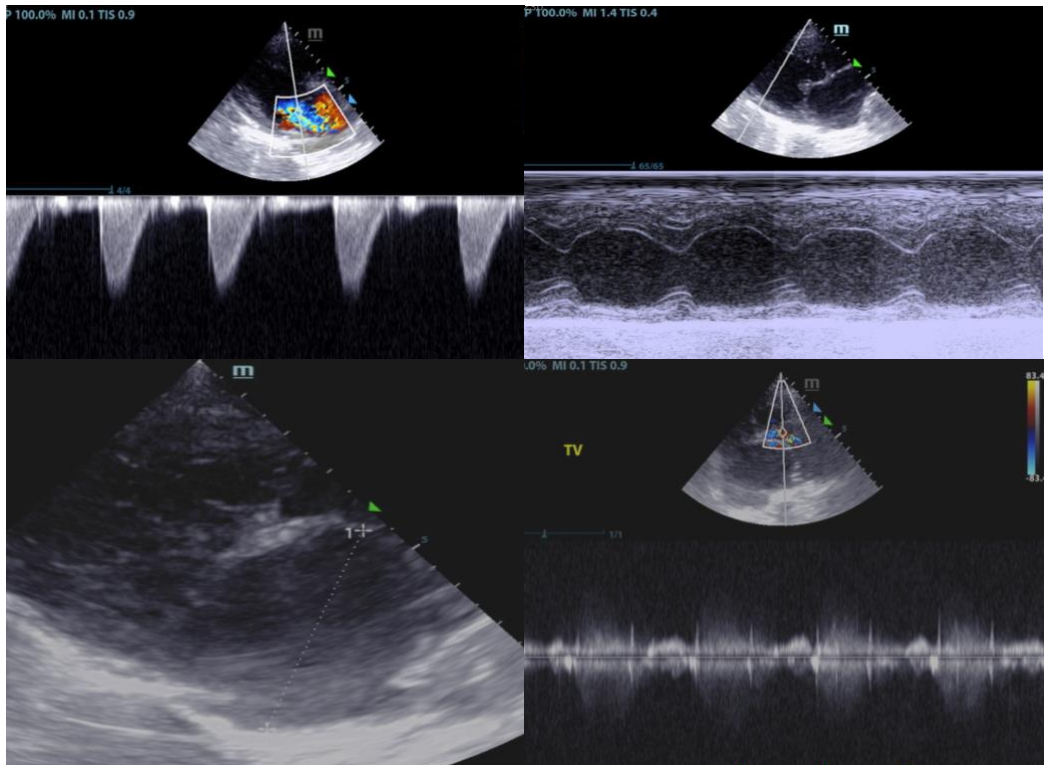
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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