PATIENT

Romeo Rello

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

9 Years

WEIGHT

7.05 kg

INTERPRETED BY

Camden Rouben DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Ethan Bloomer

HOSPITAL NAME

Echosound Veterinary Mobile Imaging Services

REFERRING VET

Dr. Paul Listrani

INVOICE

16040

DATE

05/09/26

PRESENTING CLINICAL SIGNS

Patient recently presented for coughing, reduced appetite, and lethargy. On exam on 5/4/26, the patient had a new Grade 3/6 heart murmur and radiographs showed a subjectively enlarged heart but no overt pulmonary edema. The patient was placed on Vetmedin BID and low dose Lasix at ~0.8 mg/kg BID x 5 days, and the owner reported that he is still coughing but less than before, along with him now eating better and acting like his normal self again. Echocardiogram was recommended to assess further due to concerns of CHF vs. other cardiac disease. Patient also has a history of mildly elevated AST and ALP along with being PU/PD at home. Ultrasound on 5/8/26 showed suspect benign nodular hyperplasia of the liver but no other substantial findings.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

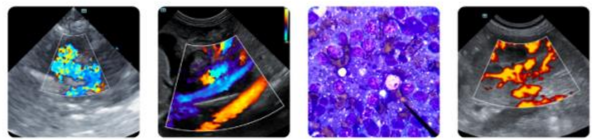
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.28	1.75	1.51	1.81	60.34	90.71	0.08
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY 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	NM	1.78	1.35	7.05	3.22	2.87	1.14

Cardiac Presentation

The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is no significant prolapse of the mitral valve leaflets. The left atrial size is mildly increased. The left ventricular internal dimensions during diastole are increased, and the systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with trace tricuspid regurgitation. There's no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension based on tricuspid regurgitant velocities. 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's no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary arteries and associated branches appear normal. There's no evidence of pleural effusion, pericardial effusion, or intracardiac masses based off of the images provided.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease ACVIM stage B2.



PATIENT

Romeo Rello

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

9 Years

WEIGHT

7.05 kg

INTERPRETED BY

Camden Rouben DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Ethan Bloomer

HOSPITAL NAME

Echosound Veterinary Mobile Imaging Services

REFERRING VET

Dr. Paul Listrani

INVOICE

16040

DATE

05/09/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pimobendan therapy is recommended at 0.25 to 0.3 mg/kg by mouth every 12 hours. This will be lifelong therapy. Diuretics like furosemide are not warranted in patients that don't have congestive heart failure or cardiogenic pulmonary edema. Three view thoracic radiographs should be performed to assess the overall tracheal diameter and overall airways. If there is no pulmonary parenchymal changes and there is concern for dynamic lower upper airway obstruction, then it should be considered to perform an antitussive trial with the use of the following; either Lomotil at 0.2 to 0.4 mg/kg every 8 to 12 hours, or Hydrocodone homatropine at 0.25 to 0.5 every 6 to 12 hours as needed for coughing, or Serenia. Trials should and can be performed over the span of two weeks in an attempt to reduce the frequency and severity of coughing.

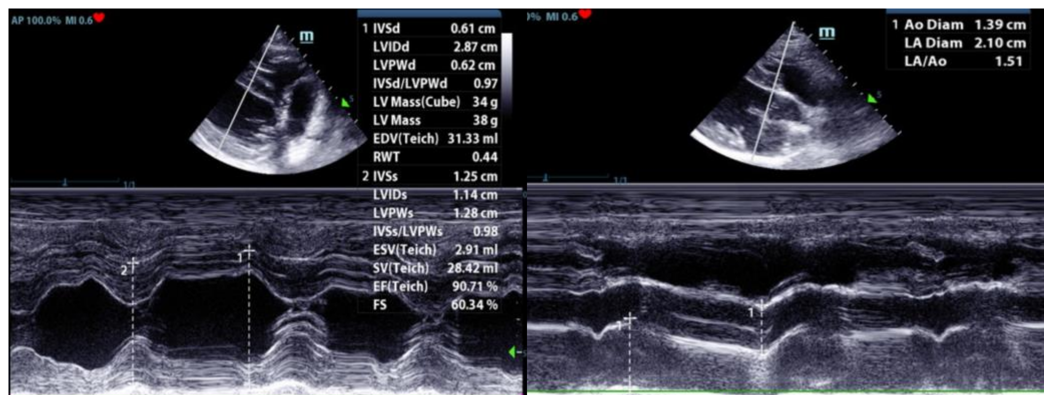
A recheck echocardiogram is recommended in six months to monitor the condition. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity.

The client should start monitoring resting respiratory rate and effort at home. If not already doing so, the resting respiratory rate should be less than 30-40 breaths per minute if the patient is resting or sleeping. If the breathing rates are increasing, then three-view thoracic radiographs are recommended.

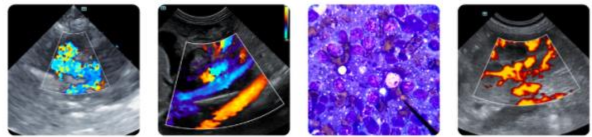
This patient's blood pressure should be assessed to make sure it's less than 160 mmHg systolic. If the blood pressure is elevated, recommend following ACVIM guidelines for therapy of systemic hypertension.

In terms of anesthesia, judicious perioperative fluid rates are recommended due to increased left atrial size. Medications like dexmedetomidine and other alpha-2 agonists are best avoided. Ketamine is best avoided. If needed, anticholinergics can be used in the face of a clinically significant bradyarrhythmia.

No activity restriction is warranted in this patient.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Romeo Rello

SPECIES
Canine

BREED
Shih Tzu

SEX
Neutered Male

AGE
9 Years

WEIGHT
7.05 kg

INTERPRETED BY
Camden Rouben DVM, DACVIM (Cardiology)

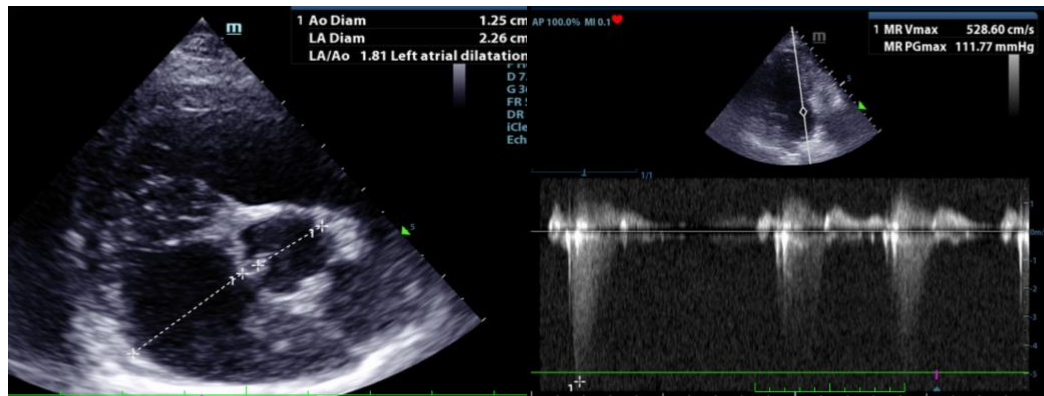
IMAGING PERFORMED BY
Dr. Ethan Bloomer

HOSPITAL NAME
Echosound Veterinary Mobile Imaging Services

REFERRING VET
Dr. Paul Listrani

INVOICE
16040

DATE
05/09/26



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