

PATIENT

Monchito Romero

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

5 Years

WEIGHT

37.6 lbs

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer,
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dra. Denisse de Moya

INVOICE

16455

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Presented for an echocardiogram to evaluate possible cardiomegaly and recent history of tachypnea. Pt has 2 weeks history of tachypnea and radiographs were taken and cardiomegaly was noticed and wanted to further evaluate. Pt is not coughing and acting well, just appears tachypneic and taking deep breaths. Eating and drinking well and No V/D. Currently on Clavamox

Abnormal PE/Chem/CBC/UA Results: Radiographs attached as supporting documents.

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	--	2.58	NM	1.2	41	73	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	87	1.21	1.55	17.0	3.04	3.27	1.93

Cardiac Presentation

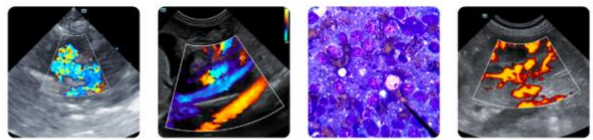
Based off of the images provided, the mitral valve leaflets are mildly thickened. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. The left ventricular internal dimensions during diastole are within normal limits and the systolic function is preserved with the lack of mitral regurgitation. There is normal right atrial size with mild tricuspid regurgitation. There is no significant prolapse of the tricuspid valve leaflets. No significant evidence of pulmonary hypertension based on the tricuspid regurgitation 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 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.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease primarily affecting the tricuspid valve leaflets.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cardiac medications are indicated at this point in time. Based off of the echocardiogram and the



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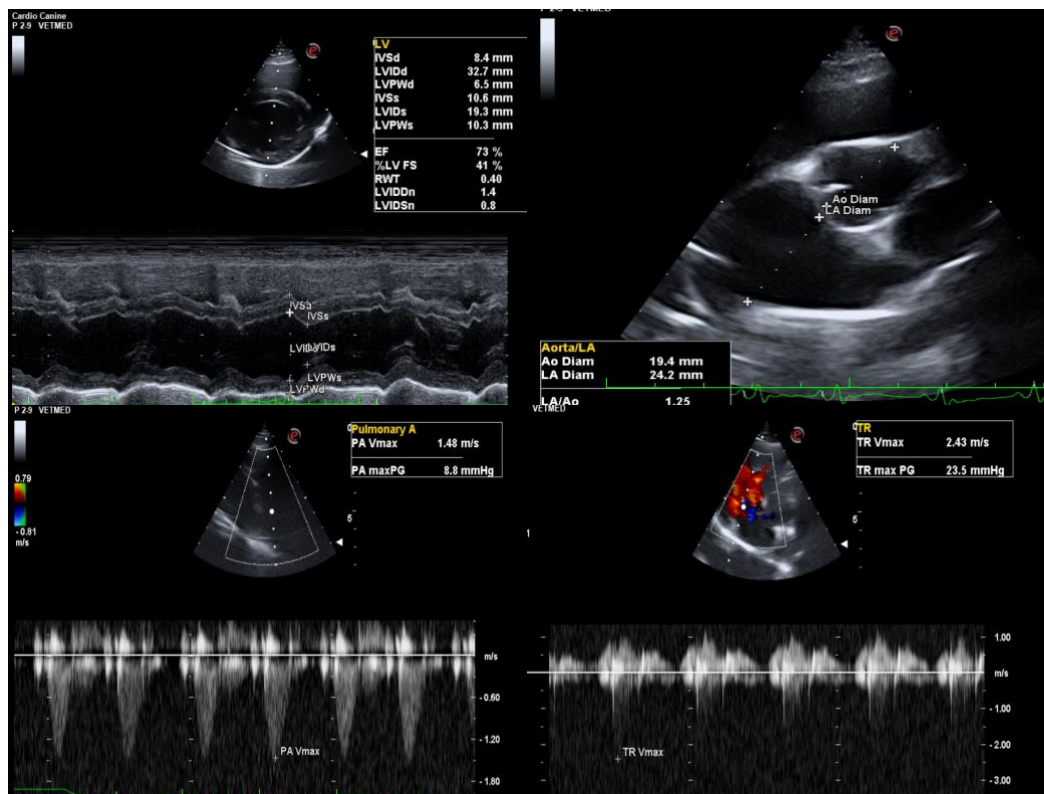
radiographs, tachypnea in this patient is unlikely to be related to underlying cardiac disease.

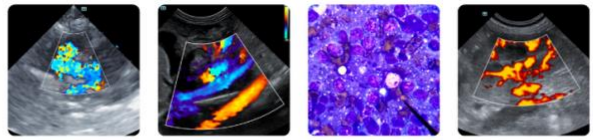
One thing that cannot be ruled out is an arrhythmogenic cause of the tachypnea. A 24-hour Holter monitor may be considered.

Before that, I would strongly recommend a full CBC chemistry and urinalysis to rule out other non-cardiac causes of tachypnea. Since this can be a progressive condition, serial monitoring is recommended. A recheck echocardiogram is recommended in 10 to 12 months. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or heart murmur worsens in intensity.

Elective anesthetic procedures should be well tolerated. If not already doing so, the resting respiratory rate should be monitored at home to make sure it is less than 35 to 40 breaths per minute when the patient is resting or sleeping. If breathing rates are increasing, then thoracic radiographs are recommended. On top of that, a blood pressure assessment should be performed in this particular patient to ensure it is not over 160 mmHg.

If the patient needs fluids or anesthesia, standard perioperative fluid rate should be well tolerated. Medications like dexmedetomidine and other alpha-2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the face of a clinically significant bradyarrhythmia. On top of that, this patient should be heartworm tested if it is not on monthly heartworm preventative.





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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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