



PATIENT

Argo Pitowsky

SPECIES

Canine

BREED

Mini Poodle

SEX

Neutered Male

AGE

13 Years 7 Months

WEIGHT

11.6 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Wyckoff Veterinary
Hospital

REFERRING VET

Dr. Eisenberg

INVOICE

74477

DATE

4/15/26

PRESENTING CLINICAL SIGNS

Annual Echo. Went into CHF about a year ago and has had a relapse or two. meds: Vetmedin 1.25 mg 1 and 1.5 tabs Q8hr, Enalapril 2.5mg 0.24, Lasix 12.5mg 1.5 AM, 1 PM

Abnormal PE/Chem/CBC/UA Results: Borderline Azotemia

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	5.7	--	2.0	1.94	45	80	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	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	140	1.36	0.94	11.6	4.0	4.2	--

E-wave velocity = 1.3

Cardiac Presentation

Volume overload noted in the left atrium and left ventricle in this patient. Severe mitral insufficiency present with complete prolapse of the anterior mitral valve leaflet noted and ruptured chordae tendineae. The right atrium and right ventricle were unremarkable. Mild tricuspid insufficiency present. Pulmonary and aortic outflows were unremarkable with normal velocities. No pericardial or pleural effusion.

ULTRASONOGRAPHIC FINDINGS

- Volume overload left atrium and left ventricle.
- Severe mitral insufficiency with complete prolapse of the anterior mitral valve leaflet and ruptured chordae tendineae.
- Mild tricuspid insufficiency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the left of mitral valve prolapse and presence of ruptured chordae tendineae, mitral valve repair should be considered a potential option in this patient where available. Recommend adding Spironolactone to the current protocol at 1-2 mg/kg BID and ensuring Enalapril is BID as long as USG is concentrated. The azotemia may be prerenal depending upon renal function. Prognosis is guarded.



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