



PATIENT

Lily Hoffman

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

10 Years

WEIGHT

13.25 Pounds

INTERPRETED BY

James Wood, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

American AH

REFERRING VET

Dr. Arculli

INVOICE

36891

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: Grade 3-4/6 heart murmur increased in intensity. 2/13/25 chronic MVD B1 murmur TR, NO pulmonary hypertension at time.

Meds: nexgard plus

Abnormal PE/Chem/CBC/UA Results: Normal BW, USG 1.041

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	LA long axis	LAmxN	Ao long axis	LA/AO (Heart Base; Swe, short axis)	LA/AO long axis	LVIDd	LVIDdN
NORMAL PARAMETER		<1.57		<1.6	<2.5		<1.7
PATIENT	2.31	1.33	0.88	--	2.6	2.69	1.53
CARDIAC PARAMETERS	Body Weight (lbs)	AV VMAX (m/s)	PV MAX (m/s)	MR VMAX (m/s)	TR VMAX (m/s)	FS (%)	LVIDsN
NORMAL PARAMETER		0.7-1.7	0.7-1.6			22 - 49%	<0.9
PATIENT	13.25	1.23	0.83	5.49	3.08	38.6	--
CARDIAC PARAMETERS	HR (bpm)	MV E (m/s)	MV A (m/s)	MV E/A (m/s)	EF (%)	IVSdN	LVFWdN
NORMAL PARAMETER						<0.6	<0.6
PATIENT	180	--	--	--	71	0.39	0.39

Cardiac Presentation

Mitral Valve: The mitral valves are mildly thickened. Leaflet prolapse is not identified. Mild eccentric mitral valve insufficiency is noted.

Left Atrium: The left atrium is normal in size.

Left Ventricle: The left ventricle is normal in size. Normal LVN diastolic wall thicknesses is noted. Transmitral E and A waves are fused, limiting the assessment of the diastolic filling pattern. Normal LV systolic function is noted.



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Aortic Valve: The aortic valve is normal in appearance and motion. Normal trans-aortic flow profile and velocity is noted. The aortic valve is competent.

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Right Atrium: The right atrium is subjectively normal in size.

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Tricuspid Valve: The tricuspid valve is mildly thickened. Mild to moderate central tricuspid valve insufficiency is noted. The TR velocity suggests mild pulmonary hypertension, though clinically meaningful pulmonary hypertension is not suspected based on the lack of morphologic changes to the right heart and proximal pulmonary arteries.

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Right Ventricle: The right ventricle is subjectively normal in wall thickness and chamber size. Subjectively normal RV systolic function.

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Pulmonary Valve and Pulmonary Trunk: The pulmonary valve is normal in appearance and motion. Normal trans-pulmonary flow profile and velocity. The pulmonary trunk and proximal branch pulmonary arteries are normal in size with a subjectively normal RPA distensibility.

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Abdomen: The caudal vena cava is normal in size/distensibility. The hepatic veins are subjectively normal in size. No cavitory effusions visualized.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

James Wood, DVM,
 DACVIM (Cardiology)

- Myxomatous mitral valve disease, stage B-1
- Pulmonary hypertension, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Rebecca Hamilton

The echocardiogram showed evidence of myxomatous mitral valve disease. Based on this echocardiogram, the left atrial and left ventricular chamber sizes do not meet the criteria for the initiation of pimobendan. The overall risk of adverse cardiovascular outcomes is considered very low in the near future. This is, however, a progressive disease, and as such repeat echocardiogram in ~9-12 months is recommended to screen for progression.

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There is mild evidence of mild pulmonary hypertension that does not warrant treatment at this time. The degree of pulmonary hypertension will be rechecked at future echocardiograms.

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MONITORING

It is very important to catch any clinical signs concerning for emerging CHF as early as possible. The most reliable method is to monitor the resting respiratory rate at home while the pet is (ideally) sound asleep. Count the respirations per minute (number of times the chest moves in and out per minute; in and out being one breath) while sound asleep. Normal resting respiratory rates in animals will be between 10-30 breaths per minute or less (ideally in the teens or low 20s). If the resting RR is trending upward, consistently >35/min while resting/sleeping AND/OR there is a new or progressive cough, they should be seen urgent for evaluation to determine if CHF is developing. Keeping a log of breathing rates is useful, and you can download the app "Cardalis" that helps measure and keep a log of breathing rates.

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MEDICATIONS



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No medications are recommended at this time.

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RECHECK

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Recheck for an echocardiogram in 9-12 months or sooner if concerns arise.

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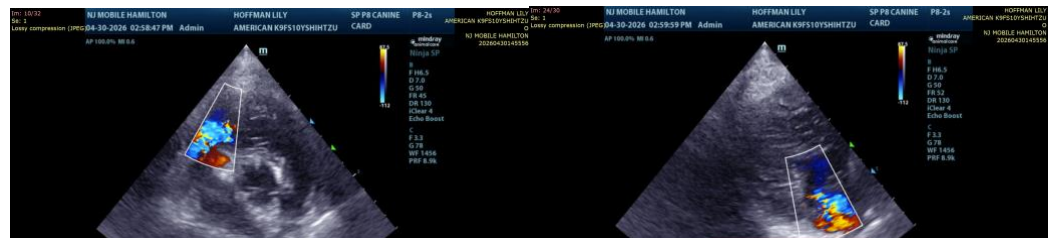
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

James Wood, DVM, DACVIM (Cardiology)

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