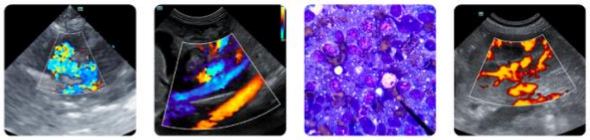

PATIENT

Mac Luck

SPECIES

Canine

BREED

King Charles Cavalier Spaniel

SEX

Neutered Male

AGE

9 Years

WEIGHT

20 Pounds

INTERPRETED BY

James Wood, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Ryan Leal

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Ryan Leal

INVOICE

37091

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: Pt presents for echocardiogram prior to anesthesia for his yearly COHAT. Recently diagnosed with a new heart murmur by his pDVM. Up to Date on vaccines

Medications: Trazodone, FTHWP

Abnormal PE/Chem/CBC/UA Results: PE: BCS 5/9, 3/6 left systolic murmur, moderate tartar diffusely, mild gingivitis, sweet boy, anxious when not held, panting throughout echo BW: pending BP: 150/108 Osscilometric.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	LA long axis	LAmaxN	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	3.08	1.56	1.31	1.68	2.35	2.82	1.4
CARDIAC PARAMETERS	**Body Weight (kg)**	**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	9.09	1.6	0.43	4.78	1.74	43.3	0.67
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	--	0.7	0.61	1.08	--	0.45	0.47

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild eccentric and posteriorly directed mitral valve insufficiency. There is no prolapse of the mitral valve leaflets. The left atrial size is equivocally dilated based on LaMax and La/Ao short axis, but normal on Long Axis La/Ao. There is atypical color flow associated with the tricuspid regurgitation on right sided imaging windows that is suspected to be artifact, although a small ventricular septal defect is a less likely possibility. There is normal right atrial

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size with mild tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension based upon tricuspid regurgitant velocities. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonary valves have normal appearance and motion, and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonary or aortic valve insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Myxomatous mitral valve disease- Stage B1
- Mild tricuspid regurgitation

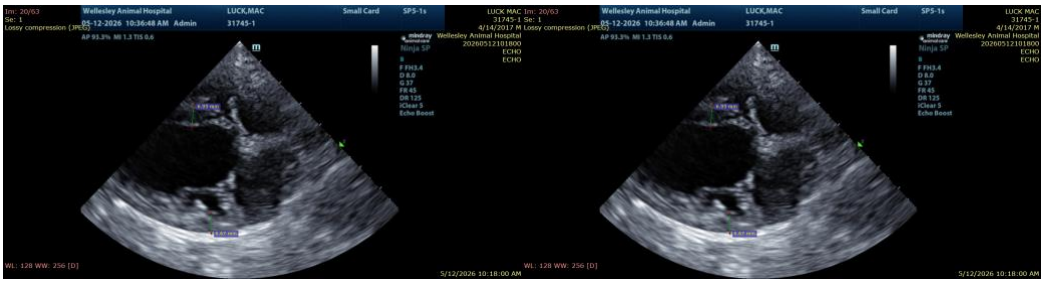
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. No medications are recommended at this time. 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. Recheck sooner if there is a new cough, increase in the resting RR, or other concern for progressive cardiac disease. Recheck for an echocardiogram in 9-12 months or sooner if concerns arise.

The color flow seen on right side imaging windows. This is suspected to be artifact, but a very small hemodynamically insignificant VSD is a less likely possibility. This can be rechecked on future echocardiograms.

Monitoring

It is very important to catch any clinical signs concerning for emerging CHF as early as possible. The client should be closely monitoring and ideally tracking the sleeping respiratory rate. The sleeping RR should 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, the patient should be seen urgent for evaluation to determine if CHF is developing. *RECHECK ASAP for thoracic radiographs if there is a new cough or increase in RR to detect early CHF and avoid ER presentation**



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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)

info@SonoPath.com