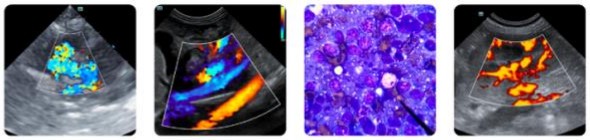


PATIENT

Cappucino Jabon

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

11 Years

WEIGHT

5.9 kg

INTERPRETED BY

James Wood, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Cory

HOSPITAL NAME

Brighton VC, P.C., Inc.

REFERRING VET

Dr. Nairn

INVOICE

37159

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: Coughing for a while, O unsure how long, but worsened in April. Grade 4/6 systolic heart murmur, PMI on aortic and mitral valves. On Vetmedin 1.25 mg PO BID for 2 weeks, O notes coughing has decreased since.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

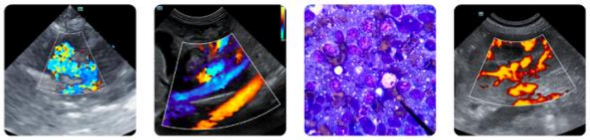
CANINE CARDIAC PARAMETERS	LA long axis	LAmaxN	Ao long axis	LA/AO (Heart Base; Swe, short axis)	LA/AO long axis	LVIDd	LVIDdN
NORMAL PARAMETER		<1.57		<1.6	<2.5		<1.7
PATIENT	3.9	2.26	--	2.6	--	3.03	1.73
CARDIAC PARAMETERS	**Body Weight (kg)**	**AV VMAX (m/s)**	**PV MAX (m/s)**	**MR VMAX (m/s)**	**TR VMAX (m/s)**	**FS (%)**	**LVIDsN**
NORMAL PARAMETER		0.7-1.7	0.7-1.6			22 - 49%	<0.9
PATIENT	5.9	1.06	0.84	4.6	--	50.5	0.75
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	165	1.0	0.54	1.89	83.2	0.57	0.53

Radiographic Interpretation

There is evidence of severe left-sided chamber enlargement with dorsal deviation of the trachea and straightening of the caudal cardiac waist, along with widening of the main stem bronchi on the VD projection, along with auricular enlargement. The visible pulmonary vasculature is normal in appearance. The pulmonary parenchyma is normal with no evidence of cardiogenic pulmonary edema.

Cardiac Presentation

The mitral valve leaflets are severely thickened with moderate to severe central mitral valve insufficiency. There is severe bileaflet prolapse. The left atrium is severely dilated. The left ventricle is mildly to moderately dilated. Normal global left ventricular systolic function. There is normal right atrial size. The tricuspid valve is competent. There is no evidence of clinically relevant pulmonary



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hypertension based on the lack of changes to the right heart and proximal pulmonary arteries. 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 mild to moderate aortic valve insufficiency based on color doppler, continuous wave doppler was not obtained. There is no evidence of pulmonary 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, ACVIM stage B-2 (severe left atrial enlargement, mild to moderate LV enlargement)
- Cough- suspected non-cardiogenic
- Aortic valve insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram showed evidence of myxomatous mitral valve disease. Based on this echocardiogram, there is severe left atrial and left ventricular enlargement. The patient would benefit from starting pimobendan (if not already started – target dose at least 0.3mg/kg q12 at this stage) to slow the progression of this disease and delay the onset of CHF. Though there are no reported clinical signs of CHF at this time based on the provided history and examination. The thoracic radiographs available for review revealed no evidence of CHF. Given the severity of the left heart enlargement, the addition of an ACEi at 0.3-0.5 mg/kg PO q12 and spironolactone at 1-3 mg/kg PO q24 is recommended provided normal renal function and no other comorbidities that would preclude this therapy. Though the evidence for RAAS blockade prior to CHF is limited, this patient is likely to benefit based on the severe remodeling. A blood pressure is also recommended. If the systolic BP >160mmHg after ACEi therapy, amlodipine should be considered. Elevated BP worsens the mitral regurgitant fraction and leads to faster progression. Recheck in 2 weeks if ACEi/spironolactone and/or furosemide are started for a recheck renal panel with electrolytes and a blood pressure. Recheck every 6 months or sooner if concerns arise for a recheck echocardiogram to monitor for progression, BP and thoracic radiographs (strong recommendation if there is a new cough or increase in the RR).

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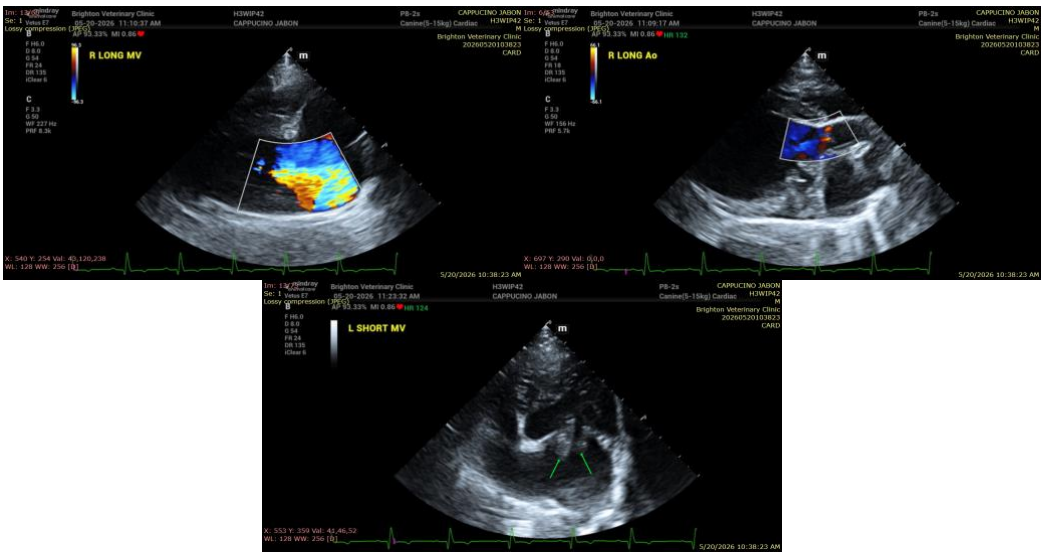

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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