



PATIENT

Odie Rodriguez

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

13 Years

WEIGHT

43.8 Pounds

INTERPRETED BY

James Wood, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Ricardo Fernandez

PRESENTING CLINICAL SIGNS

History: Px presented as a referral for an echocardiogram due to a persistent dry cough. Px originally visited rDVM due to a persistent dry cough and was subsequently Dx with Heartworms. HW Tx was completed but cough persisted. Owner reports that Px has been coughing more frequently after the HW Tx was completed and is now present for the majority of the day. Px is currently taking the following Mx: Denamarin, Tamaril P.

Abnormal PE/Chem/CBC/UA Results: Radiographs attached below for your reference.

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	3.22	1.28	1.47	1.39	2.19	3.56	1.38
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	19.9	1.12	1.36	--	--	41.85	0.64
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	90	0.9	0.59	1.44	81	0.48	0.4

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Cardiac Presentation

The mitral valve leaflets are mildly thickened with trivial central mitral valve insufficiency. Leaflet prolapse is not identified. The left atrial size is normal. Left ventricular internal dimensions during diastole are within normal limits and the global left ventricular systolic function is normal. There is normal right atrial size. The tricuspid valve appears normal with no tricuspid valve insufficiency. The right ventricle subjectively appears normal in structure and function. The transpulmonary flow profile



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is intermittently early systolic peaking with a subjectively shortened acceleration to ejection time ratio. No notching is noted. There is trivial pulmonary valve insufficiency. The aortic valve has normal appearance and motion, and the corresponding outflow velocities are within normal limits. There is no evidence of 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

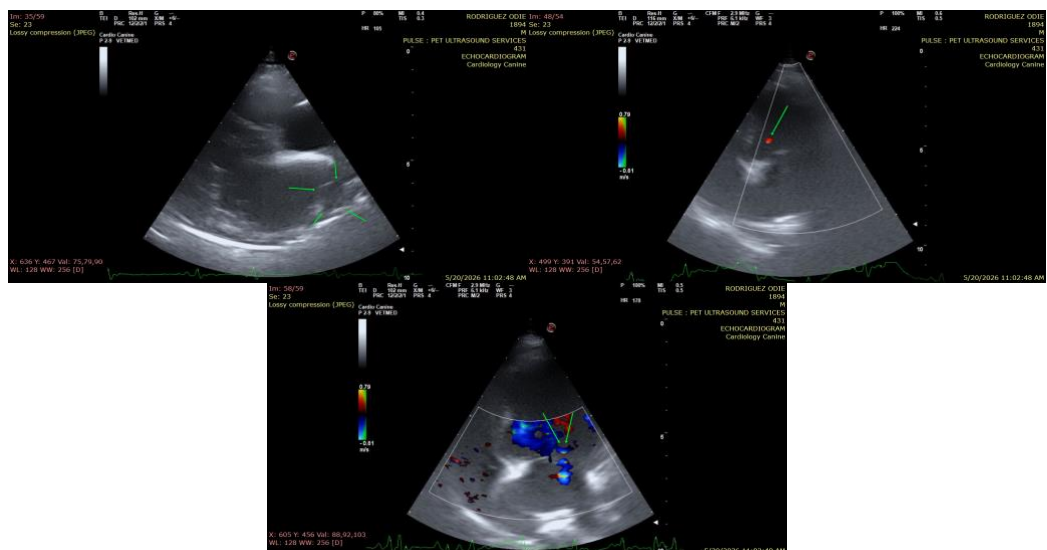
- Myxomatous mitral valve disease, ACVM stage B1
- Chronic cough, R/O heartworm associated pneumonitis
- History of heartworm disease

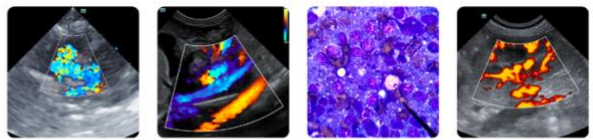
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Odie has very mild myxomatous mitral valve disease with trivial mitral regurgitation and normal left sided chamber dimensions. No therapy is needed at this time for this finding.

Given his history of heartworm disease, concurrent cough, and lack of evidence of clinically significant pulmonary hypertension on echo, heartworm associated pneumonitis is a prioritized differential for his ongoing cough. A heartworm test is recommended if not already performed at the 6 month time point to determine if he is still antigen positive. Regardless, empiric therapy with either an inhaled steroid, like fluticasone, or an antiinflammatory dose of prednisone are reasonable next steps for treatment of the cough, along with a cough suppressant if deemed clinically warranted.

If an oral steroid is elected, the Temaril-P should be discontinued if this route is elected. Sildenafil therapy is not recommended based on this echocardiogram at this time. However, if an adequate clinical response is not noted to the above recommendations, a recheck echocardiogram can be considered. Regardless, recheck echo in 6-9 months, or sooner if concerns arise.





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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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