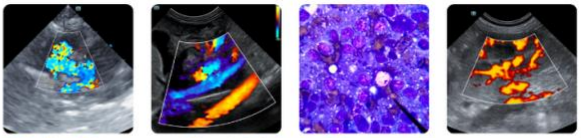

PATIENT
Finley Halpern

SPECIES
Canine

BREED
Standard Poodle

SEX
Neutered Male

AGE
5 Years 6 Months

WEIGHT
39 Pounds

INTERPRETED BY
James Wood, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Vincent Ravancho, CVT

HOSPITAL NAME
Marsh HA

REFERRING VET
Dr. Megan Armani

INVOICE
35984

DATE
5/7/26

PRESENTING CLINICAL SIGNS

History: Cardiac murmur Grade I/VI

Abnormal PE/Chem/CBC/UA Results: Labwork WNL, USG 1.056

**The image quality is somewhat limited.

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	2.33	1.45	1.76	--	1.32	3.05	1.58
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	17.7	2.0	2.2	6.4	--	35.7	0.78
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	110	--	--	--	64.4	0.48	0.52

Cardiac Presentation

The mitral valve is normal in appearance and motion, however, on some views, there is mild eccentric and anteriorly directed mitral valve insufficiency with a Coanda effect along the interatrial septum. Leaflet prolapse is not identified. The left atrium and left ventricular size are normal. Left ventricular systolic and diastolic function is within normal limits. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on today's evaluation. The right ventricle subjectively appears normal in structure and function. The transaortic and transpulmonary flow velocities are mildly increased, consistent with an audible murmur. The aortic and pulmonary valves are normal in appearance and motion with no evidence of stenosis. There is no evidence of pulmonary or aortic valve insufficiency.

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The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

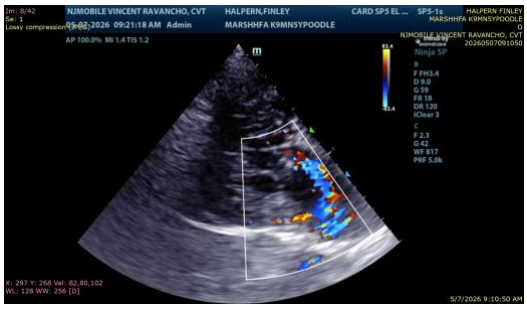
ULTRASONOGRAPHIC FINDINGS

- Elevated transaortic and transpulmonary flow velocities- physiologic murmurs.
- Mild mitral valve insufficiency- rule out early degenerative valve disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The murmur ausculted is suspected to be physiologic due to mildly increased transaortic and transpulmonary flow velocities. There is no significant underlying cardiac disease. No medications are needed. However, the mild mitral valve insufficiency may reflect normal variation versus early myxomatous mitral valve disease.

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 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