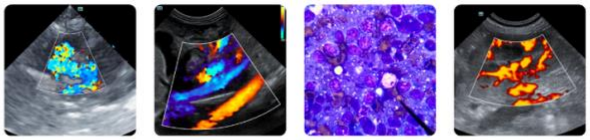


PATIENT

Nala Diaz

SPECIES

Canine

BREED

Chihuaua Mix

SEX

Spayed Female

AGE

15 Years

WEIGHT

6.6 Pounds

INTERPRETED BY

James Wood, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Sang Han

HOSPITAL NAME

Oso Pet care Center

REFERRING VET

Dr. Sang Han

INVOICE

37573

DATE

6/17/26

PRESENTING CLINICAL SIGNS

History: Nala has had a wet hacking cough on & off for roughly 3 months, worsened this past Saturday. She has also had recent bouts of GI upset with some weight loss. Nala was first diagnosed with a heart murmur in March 2023 and has had a previous Echo done in March 2024.

Abnormal PE/Chem/CBC/UA Results: CV: Clear heart sounds bilaterally. Grade 3-4/6 left systolic murmur noted (PMI=mitral valve). No arrhythmias noted. SSFP.

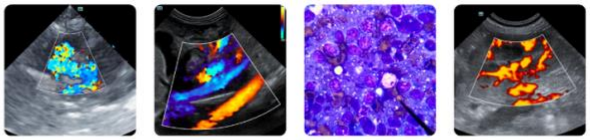
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	2.47	1.76	0.93	1.85	2.66	2.38	1.7
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	3.0	0.82	--	6.5	--	55.0	0.7
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	100	0.91	0.67	1.36	87.5	0.5	0.53

Radiographic Interpretation

The cardiac silhouette is mildly enlarged with evidence of left ventricular enlargement, evidenced by dorsal deviation of the trachea. The left atrial enlargement is minimal on these radiographs. The visible pulmonary vasculature is within normal limits. The pulmonary parenchyma is normal.

Cardiac Presentation



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The mitral valve is moderately thickened. There is mild bileaflet prolapse of the mitral valve with moderate eccentric and posteriorly directed mitral valve insufficiency. The left atrium is mildly enlarged. The left ventricle is mildly dilated. The left ventricular end-diastolic wall thicknesses are normal. Normal left ventricular systolic function. The left ventricular diastolic function is normal. Normal aortic valve appearance and motion. The transaortic flow profile and velocity are normal. The aortic valve is competent. The right atrium is normal in size. The tricuspid valve is normal in thickness, however there is mild eccentric tricuspid valve insufficiency. Subjectively normal RV wall thickness and systolic function. The pulmonary valve is normal in appearance. Normal trans-pulmonary flow profile and velocity. No significant pulmonary valve insufficiency is present. The pulmonary trunk and proximal branch pulmonary arteries are normal in size and distensibility. There is no evidence of clinically relevant pulmonary hypertension. No cavitary effusions or cardiac masses are documented.

ULTRASONOGRAPHIC FINDINGS

- MMVD-ACVM stage B2

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram showed evidence of myxomatous mitral valve disease. Based on this echocardiogram, there is significant enough chamber enlargement that the patient would benefit from starting pimobendan (if not already started) at 0.25-0.3mg/kg PO q12hr to slow the progression of this disease and delay the onset of CHF. CHF at this time is unlikely based on the reported history, examination, and thoracic radiographs that were reviewed. A blood pressure is also recommended. If the systolic BP >160mmHg while calm, an ACEi at 0.3-0.5 mg/kg PO q12 is recommended provided normal renal function. If so, recheck BP and renal panel with electrolytes in 1-2 weeks. Amlodipine should be considered if persistently hypertensive. If not hypertensive, the benefit of an ACEi or other RAAS blockade is not well established in this population of patients, and is typically reserved for once CHF develops, or if the left atrial and ventricular dimensions are severely increased. Monitoring of renal function is necessary when on these medications. Recheck in 6 months or sooner if concerns arise. At that time, a recheck echocardiogram to monitor for progression +/- thoracic radiographs (i.e. recommended if there is a new cough or increase in the RR).

Congestive heart failure is not the suspected cause of the cough and treatment of underlying airway disease, including a doxycycline trial and/or cough suppressant are reasonable next steps.

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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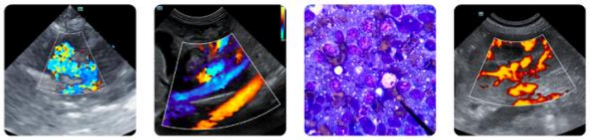

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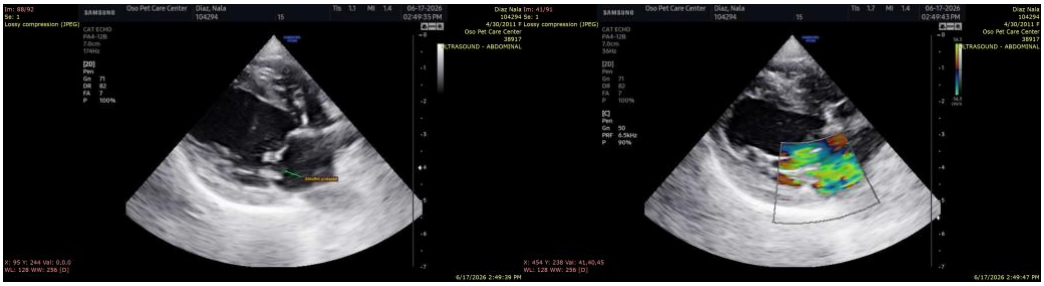

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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