



PATIENT

Sophie Fuentealba

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed Female

AGE

6 Years

WEIGHT

12.5 kg

INTERPRETED BY

James Wood, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Stephanie Cory

HOSPITAL NAME

Brighton VC, PC, Inc.

REFERRING VET

Dr. Stephanie Cory

INVOICE

37574

DATE

6/17/26

PRESENTING CLINICAL SIGNS

History: Laboured breathing/coughing noted by owner approximately 4 days ago. Started vomiting bile last night. Grade 5/6 murmur noted during examination today. Thoracic radiographs performed today and attached in referral. O is unsure if diet is grain free.

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	4.83	2.22	1.27	2.43	3.8	3.74	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	12.5	0.95	0.75	4.6	--	52.7	0.66
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	142	1.04	0.58	1.79	84.4	0.5	0.54

Radiographic Interpretation

Three view thoracic radiographs are available for review. There is moderate to severe cardiomegaly with specific left atrial enlargement and LV enlargement patterns. On the left lateral projection, there is mild dilation of the cranial lobar veins. The left caudal lobar vein is also distended on the DV projection. There's a mild to moderate interstitial pulmonary pattern that is distributed heaviest in the caudodorsal lung fields on lateral projection, and in the left caudal lung field on DV projection. These are consistent with decompensated congestive heart failure.

Cardiac Presentation



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The mitral valve is moderately thickened. There is moderate prolapse of the anterior leaflet and moderate to severe posteriorly directed mitral valve insufficiency. The left atrium is severely enlarged. The left upper pulmonary vein is severely dilated. The left ventricle is severely 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 mildly thickened, and 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 cavitory effusions or cardiac masses are documented. Numerous B-lines are visualized on multiple imaging planes.

ULTRASONOGRAPHIC FINDINGS

- MMVD - ACVIM stage C
- Left sided CHF (decompensated)
- Mild tricuspid insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram showed evidence of severe myxomatous mitral valve disease. There is severe left atrial and left ventricular enlargement. Based on the echocardiogram findings, history and thoracic radiographs, there is evidence of decompensated congestive heart failure. If the patient is considered stable on room air, starting oral medications as an outpatient is reasonable, but if there is any worsening to the breathing rate or effort the patient should be seen by a 24-hour emergency hospital for oxygen therapy and IV diuretic treatment. Furosemide and pimobendan therapy are recommended. Furosemide at a starting dose of 2mg/kg PO q12. Pimobendan therapy at a dose of 0.3-0.35 mg/kg PO q12 is recommended. These will likely be lifelong therapies. Recheck chest radiographs are recommended in 10-14 days along with blood work and a blood pressure. If the patient is doing well and the kidney values are within normal limits, recommend starting an ACE inhibitor (enalapril or benazepril 0.3-0.5mg/kg POq12) and spironolactone (1-3 mg/kg PO q24). 2-3 weeks after starting ACE inhibition, repeat kidney values are recommended. If the patient is doing well, recheck thoracic radiographs and renal function every 3-4 months, and a recheck echocardiogram is recommended every 6 months.

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**

Sodium Restriction

Moderate sodium restriction may be beneficial in managing this stage of cardiac disease. High-salt



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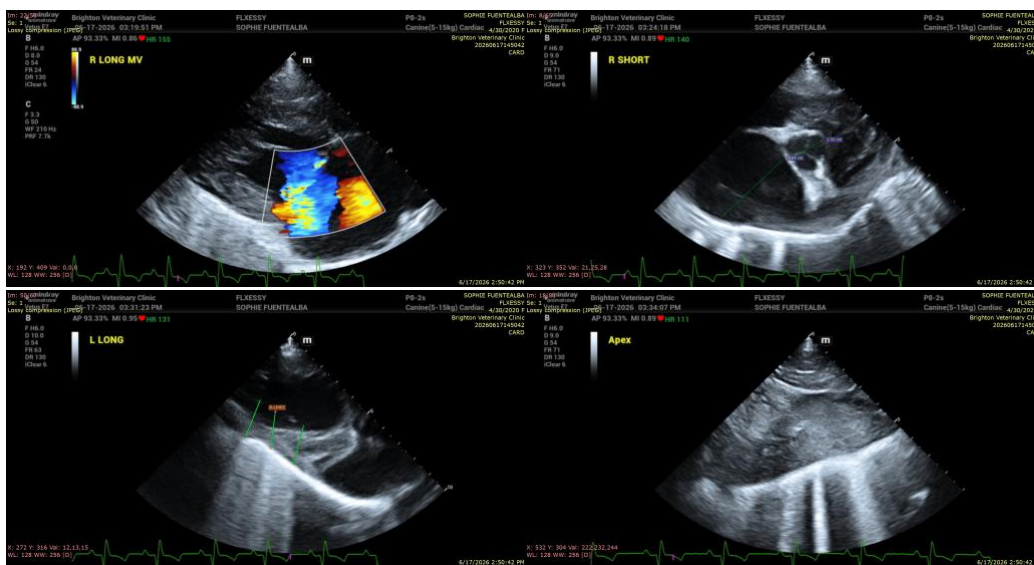
treats or diets should be avoided. If interested, further information on moderate sodium restricted diets for dogs with advanced cardiac disease can be found at:

<https://heartsmart.vet.tufts.edu/nutrition/>.

Surgical Options

Historically, degenerative mitral valve disease in dogs has been managed with medical therapy aimed at controlling clinical signs and slowing progression. In recent years, surgical procedures have become available for select patients. Open-heart mitral valve repair is offered only at a small number of centers worldwide, including the University of Florida in the United States and specialized institutions in the UK and Japan, where the largest number of these procedures have been performed. While great success can be achieved with open-heart surgery, it involves notable cost, invasiveness, and travel to a center that offers these procedures. A less invasive option is transcatheter edge-to-edge repair (TEER), which uses a catheter-based approach to reduce mitral valve regurgitation without the need for open-heart surgery. This procedure is available only at select centers, with Colorado State University having completed the most TEER procedures in dogs to date. In addition, palliative procedures such as left atrial decompression (LAD) can be performed in certain cases, typically once medical therapy has been exhausted. These are not curative but may help relieve symptoms by reducing pressure within the left atrium and lungs, thereby improving comfort and quality of life for patients with advanced disease/end-stage CHF.

Anesthesia is not recommended with this degree of heart disease, with the exception of strictly necessary medical procedures. Further anesthetic recommendations can be made if needed.



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.



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