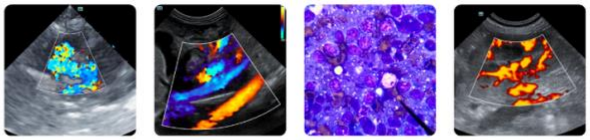

PATIENT

Katsu Edpao

SPECIES

Canine

BREED

Maltese x Yorkie

SEX

Neutered Male

AGE

9 Years

WEIGHT

7.4 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

37332

DATE

6/4/26

PRESENTING CLINICAL SIGNS

History: Patient was diagnosed with a heart murmur in May 2025 (CV: clear heart sounds bilaterally. Grade 4/6 left systolic murmur noted (PMI=mitral valve). No arrhythmias noted. SSFP.) A previous Echo was performed in June 2025. Patient presented in April 2026 for an exam for limping, during which the heart murmur was noted again. C/S/V/D: No coughing, sneezing, vomiting, or diarrhea reported. Eating/drinking/urinating/defecating/energy: All reported as normal. Abnormal PE/Chem/CBC/UA Results: Cardiovascular: Grade 4/6 left apical systolic heart murmur

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	1.86	1.28	0.85	1.3	2.19	2.16	1.47
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	3.36	1.01	0.85	--	--	52.8	0.63
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	120	0.7	0.94	0.74	85.9	0.37	0.46

Radiographic Interpretation

Three view thoracic radiographs are available for review. There's moderate left-sided cardiomegaly with straightening of the caudal cardiac waist and dorsal deviation of the trachea. The visible pulmonary vasculature is within normal limits. The pulmonary parenchyma is normal with no evidence of cardiogenic pulmonary edema.

Cardiac Presentation

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The mitral valve leaflets are severely thickened with mild anterior leaflet prolapse and mild eccentric and posteriorly directed mitral valve insufficiency. 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 with mild tricuspid regurgitation. The tricuspid valve is mildly to moderately thickened with mild septal leaflet prolapse. No evidence of pulmonary hypertension based upon tricuspid regurgitant velocities. 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 no evidence of pulmonary or 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.

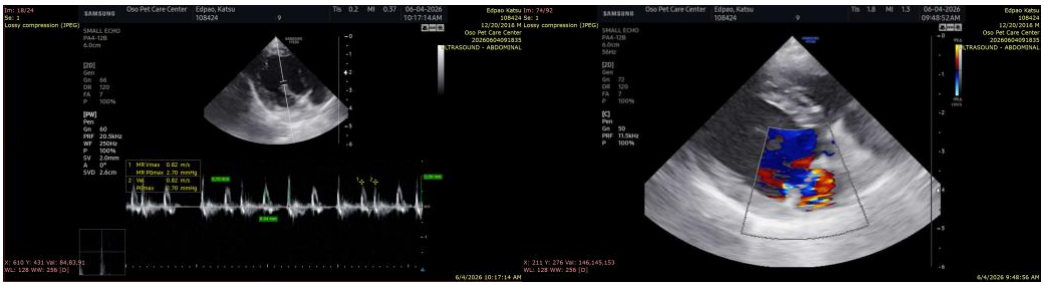
ULTRASONOGRAPHIC FINDINGS

- MMVD- ACVIM stage B1

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

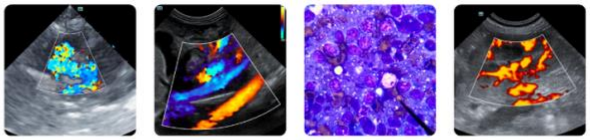
The echocardiogram showed evidence of myxomatous mitral valve disease. Based on this echocardiogram, the left atrial and left ventricular chamber sizes do not meet the criteria for the initiation of pimobendan. No medications are recommended at this time. The overall risk of adverse cardiovascular outcomes 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.

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**



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



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can be of any further assistance please contact me.

James Wood, DVM, DACVIM (Cardiology)

info@SonoPath.com