

PATIENT

Ranger Niece

SPECIES

Canine

BREED

Cavalier

SEX

Neutered Male

AGE

10 Years

WEIGHT

38.6 Pounds

INTERPRETED BY

James Wood, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Englewood Cliffs VH

REFERRING VET

Dr. Attanasi

INVOICE

37333

DATE

6/4/26

PRESENTING CLINICAL SIGNS

History: Hepatomegaly elev. LE- mod mitral valve regurg, mild left atrial and vent enlargement. Last echo at Redbank AH July 2024. Placed on Pimo. 3/6 murmur now 4/6

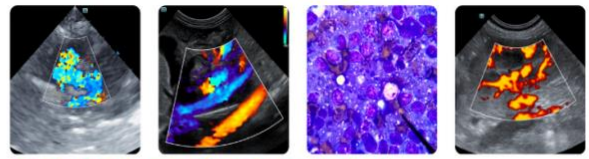
Abnormal PE/Chem/CBC/UA Results: ALP-439

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	4.45	1.84	1.3	1.55	3.42	4.36	1.76
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	17.5	1.43	0.85	6.5	--	49.5	0.72
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	144	1.5	1.32	1.14	57.5	0.42	0.47

Cardiac Presentation

The mitral valve leaflets are moderately thickened with mild eccentric and posteriorly directed mitral valve insufficiency. Leaflet prolapse is not identified. The left atrium is mildly dilated. The left ventricle is mildly dilated. Normal global left ventricular systolic function. There is normal right atrial size with mild tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension. 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



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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 B2
- Mild tricuspid regurgitation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

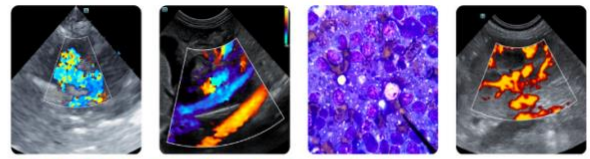
The echocardiogram showed evidence of myxomatous mitral valve disease. Based on this echocardiogram, there is significant enough chamber enlargement that the patient would benefit from starting pimobendan (if not already started) at 0.25-0.3mg/kg PO q12hr to slow the progression of this disease and delay the onset of CHF. CHF at this time is unlikely based on the reported history and examination, however baseline chest X-rays (within the last ~6 months- 1 year) are reasonable to fully rule out CHF and obtain a baseline of the patient's pulmonary parenchyma for comparison should clinical signs develop in the future. 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).

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

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



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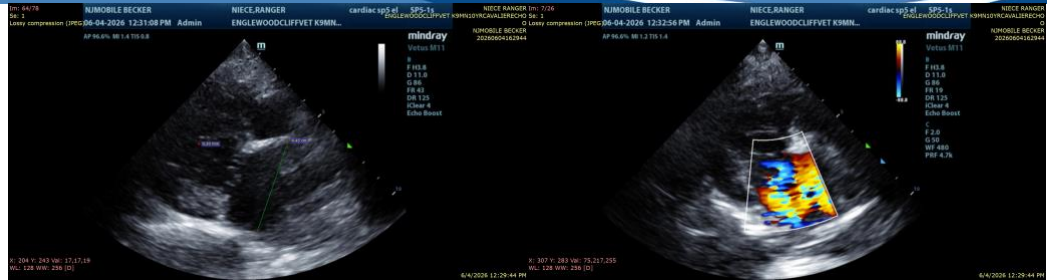
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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