



**PATIENT**

Kipper Crews

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

37.8 Pounds

**INTERPRETED BY**

James Wood, DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Dr. Ryan Leal

**HOSPITAL NAME**

Wellesley AH

**REFERRING VET**

Dr. Rachel Bunn

**INVOICE**

37417

**DATE**

6/8/26

**PRESENTING CLINICAL SIGNS**

History: Pt presents for an annual echocardiogram. Last echo was performed 7/21/2025 (through SonoPath). Diagnosed with Degenerative valve disease, ACVIM stage B-1 (mitral and tricuspid) and trace pulmonic insufficiency. Doing well at home. No concerns. Medications: Denamarin, Simparica Trio. Problem List: Right inguinal subcutaneous mass - R/O lipoma vs. other neoplasia vs. hernia (less likely). Grade III/VI heart murmur - Consistent with previous diagnosis of mitral and tricuspid valve regurgitation (echocardiogram July 2025). Hyporexia and bilious vomiting - R/O dietary intolerance/satiety vs. bilious vomiting syndrome vs. underlying systemic disease. Overweight. History of elevated liver enzymes (ALP) that had resolved in 2024

Abnormal PE/Chem/CBC/UA Results: PE: BAR, soft, mobile, subcutaneous mass measuring approximately 1.5-2 inches in diameter is palpated in the right inguinal region, mild lenticular sclerosis noted OU, III/VI left apical systolic murmur, NSR, Mild generalized tartar, mild class III malocclusion, Bright, friendly, and excited, tolerates everything well CBC/Chem/T4/UA/4dx pending BP : Oscillometric. Pt in R lat recumbency w/ size #3 cuff on LH. 189/119 MAP 128, 174/116 126, 175/110 118, 176/109 117, 175/108 118, 170/108 115, 162/108 118. -----Mean MAP (dropping highest & lowest values) = 119 mmHg (Sys/Dia 175/110)

**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                   | 3.8              | 1.58          | 1.49         | 1.62                                | 2.55            | 3.74     | 1.52   |
| 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                   | 17.2             | 1.4           | 0.56         | 5.9                                 | --              | 30.0     | 0.86   |
| 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                   | 102              | --            | --           | --                                  | --              | 0.54     | 0.51   |



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## Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild eccentric and posteriorly directed mitral valve insufficiency. There is mild prolapse of the anterior mitral valve leaflet. The left atrial size is high normal to equivocally dilated. 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. 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 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 (equivocal LA enlargement, normal LV)
- Mild tricuspid insufficiency

## 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.

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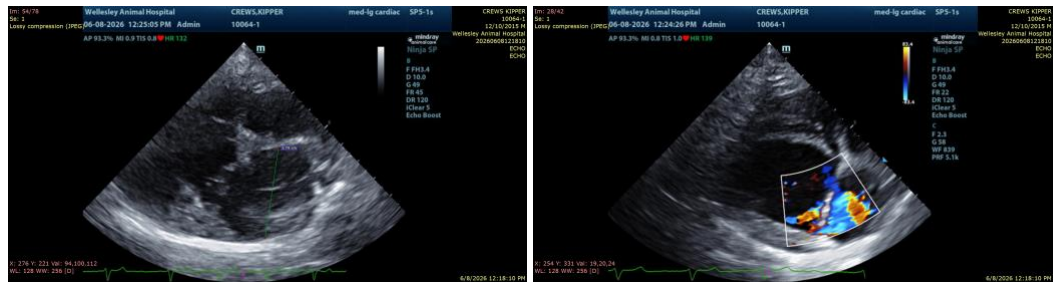
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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](mailto:info@SonoPath.com)