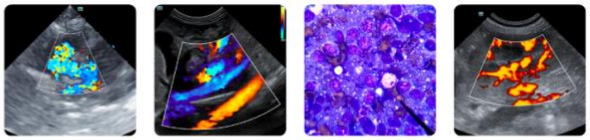


PATIENT

Mitzi Wolfe

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

14 Years

WEIGHT

4.5 kg

INTERPRETED BY

James Wood, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo AH

REFERRING VET

Dr. Torske

INVOICE

37413

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Came in for chronic diarrhea (long-standing history of soft, mucousy stools) heart murmur discovered at this time. Generally feeling "unwell" at home. Problem list: Chronic diarrhea, hypothyroid, collapsing trachea.

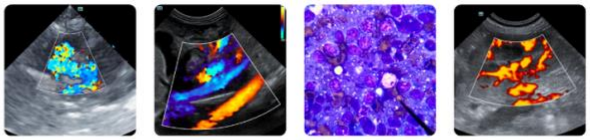
Current meds: 1) Hycodan 2.5mg TiD 2) Fluoxetine 7.5mg SiD 3) Levothyroxine 0.05mg BiD 4) Galliprant 5mg SiD 5) Gabapentin 25mg BiD 6) Tylosin 25mg BiD 7) Metronidazole 50mg BiD

Abnormal PE/Chem/CBC/UA Results: BCS 6/9 Grade 2/6 systolic murmur Revealed hepatomegaly and a large volume of stool in the colon. No obvious masses were seen. The cardiac silhouette appears mildly rounded. VHS 11.9. The lungs are clear with no evidence of fluid.

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	2.5	1.57	0.71	1.77	3.5	2.39	1.5
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	4.5	1.15	0.76	5.6	--	56.9	0.57
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	0.75	1.2	0.63	--	0.31	0.33

Radiographic Interpretation



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The cardiac silhouette is mildly enlarged with a specific left atrial enlargement pattern on lateral projection. The visible pulmonary vasculature is within normal limits. The pulmonary parenchyma is normal in appearance with no evidence of cardiogenic pulmonary edema.

Cardiac Presentation

The mitral valve leaflets are moderately thickened with mild eccentric and posteriorly directed mitral valve insufficiency. There is mild anterior leaflet prolapse. The left atrium is mildly dilated. The left ventricular end diastolic and end systolic dimensions are normal. 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 based upon tricuspid regurgitant velocities. The right ventricle subjectively appears normal in structure and function. The aortic valve is diffusely mildly thickened and there is trace aortic valve insufficiency. Vegetative lesions are not definitively identified. The pulmonary valve is normal in appearance with trace 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 (mild left atrial enlargement, normal LV)
- Aortic valve insufficiency -r/o endocardiosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is evidence of myxomatous mitral valve disease with mild left atrial enlargement and normal left ventricular chamber size. No cardiac medications are recommended at this time. The overall risk of congestive heart failure in the near future is low. However, given the left atrial enlargement, recheck echocardiogram is recommended in 6 months, or sooner if concerns arise. The aortic valve thickening and aortic valve insufficiency are most likely secondary to mild degenerative valve disease. However, if there is a high clinical suspicion for endocarditis, this cannot be fully excluded with an echocardiogram alone. If this is suspected, consider a troponin and blood cultures.

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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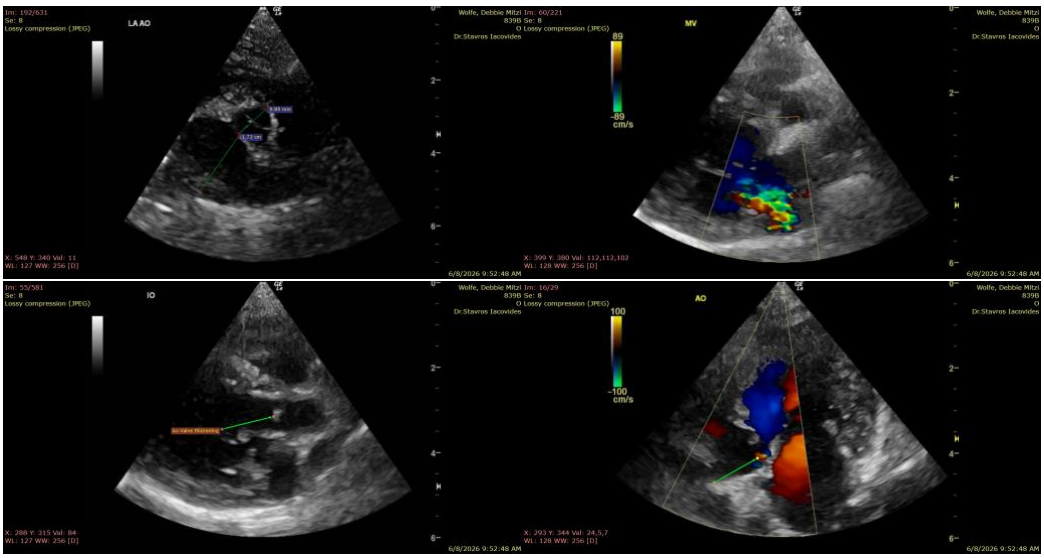

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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