

PATIENT

Winston Mannering

SPECIES

Canine

BREED

King Charles Cavalier
Spaniel

SEX

Neutered Male

AGE

8 Years

WEIGHT

18.5 Pounds

INTERPRETED BY

James Wood, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

SonoPath Imaging
Center

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

Dr. Bertoldo

INVOICE

37412

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Grade V/VI Murmur Annual Recheck

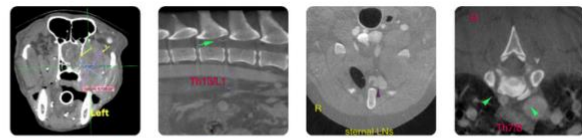
Current Medications: Furosemide 15mg 1 BID, Spironolactone/Benazepril/Pimobendan 25mg/3mg/3mg 1 cap twice daily, Theophylline 50mg 1 BID, Omega 3

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	4.28	2.22	--	1.74	--	3.86	1.97
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	8.4	1.3	0.96	4.64	2.76	59.3	0.68
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	132	1.15	0.96	1.2	89.3	0.51	0.39

Cardiac Presentation

The mitral valve leaflets are moderately thickened with severe central mitral valve insufficiency. There is mild anterior leaflet prolapse. The left atrium is severely dilated. The left ventricle is severely 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 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



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associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- MMVD - ACVIM stage C
- Suspected left sided congestive heart failure – clinically compensated
- 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 and history, the patient is suspected to have had a prior episode of CHF, but the heart failure is currently well controlled on the current doses of pimobendan and furosemide. Thoracic radiographs are recommended if not already performed to rule out emerging cardiogenic pulmonary edema. Otherwise, no adjustment to the current medications is recommended. Recheck thoracic radiographs, BP and renal panel with electrolytes every 3-4 months. Recheck echocardiogram every ~6 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****

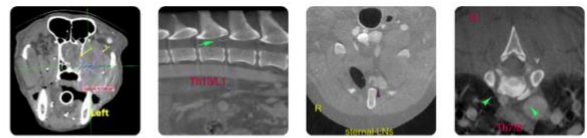
Salt Restriction

Moderate 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/>.



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.



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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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