



PATIENT

Bailey Ramos

PRESENTING CLINICAL SIGNS

History: Patient with history of cough, presents for coughing. Grade 4/6 heart murmur. Radiographs performed at other DVM showed tracheal elevation on 3/21/22. No current meds.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED	CANINE	MR	TR	LA/AO	LA/AO	FS	EF	EPSS
Miniature Poodle Mix	CARDIAC PARAMETERS	VMAX (m/s)	VMAX (m/s)	(Boon method)	(Heart Base; Swedish)	(%)	(%)	(cm)
	NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
Spayed Female	PATIENT	5.49	1.15	1.98	3.11	48	NM	0.26
AGE	CANINE	HR	AV	PV	BODY WEIGHT	LA	LVIDd	LVIDs
11 years	CARDIAC	(BPM)	VMAX (m/s)	MAX (m/s)	kg	2D long axis Base view	Avg; 2D and m-mode short axis	Avg; 2D and m-mode short axis
	NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
	PATIENT	108	1.50	0.87	4.45	3.22	2.89	1.51
9.8 lbs	Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, and Jacobs et al. Am J Vet Res 1985; 46:1705							

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Echocardiographic findings

Mitral valve: mild (posterior) to moderate (septal) myxomatous degeneration.

- Severe prolapse of the septal leaflet.
- Very mild prolapse of the posterior leaflet.
- Severe mitral regurgitation.
- Marked left atrial enlargement
- Moderate to marked left auricular enlargement.
- Marked increase of LA: Ao ratio
- LA normalized for BW (LAN = 1.94); marked enlargement
- LVIDd normalized for BW (LVIDND = 1.86); mild enlargement
- LVIDs normalized for BW (LVIDNs = 0.94); within normal limits

Aortic valve: very mild thickening and irregularity of the leaflets

- No aortic insufficiency

Tricuspid valve: Mild myxomatous degeneration of both leaflets

- Mild prolapse of both leaflets (septal worse than posterior).
- Mild tricuspid regurgitation.

IMAGING PERFORMED BY

Kelly Vazquez,
CVT

HOSPITAL NAME

North Jersey AH

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PATIENT	<ul style="list-style-type: none"> No right ventricular or atrial enlargement.
Bailey Ramos	<p><i>Pulmonic valve:</i> very mild thickening of the tips of both leaflets</p> <ul style="list-style-type: none"> Intermittent, trivial pulmonary insufficiency.
SPECIES	<ul style="list-style-type: none"> Main pulmonary artery within normal limits.
Canine	<ul style="list-style-type: none"> Pulmonary artery - bifurcation, no abnormalities.
BREED	<ul style="list-style-type: none"> Pulmonary artery: aortic ratio within normal limits.
Miniature Poodle Mix	<ul style="list-style-type: none"> No signs of heart worm.
SEX	Other
Spayed Female	<ul style="list-style-type: none"> No signs of pericardial or pleural effusion Mitral regurgitation fills the pulmonary veins No evidence of pulmonary edema. No obvious signs of a mass. The myocardium of the left ventricular free wall is mildly to moderately hyperechoic, including both papillary muscles.
AGE	
11 years	
WEIGHT	
9.8 lbs	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	<ul style="list-style-type: none"> Myxomatous degeneration of the mitral (moderate) and tricuspid (mild) valves, ACVIM stage B2, with marked left atrial enlargement and mild left ventricular enlargement. There are no obvious signs of congestive heart failure based on the ultrasound findings, however, advanced changes are present. Therefore, treatment with pimobendan (Vetmedin) is recommended to help slow the progression of Bailey's disease.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Kelly Vazquez, CVT	Treatment with pimobendan is recommended (see below).
HOSPITAL NAME	Other suggestions/recommendations include:
North Jersey AH	<ul style="list-style-type: none"> Evaluation of blood pressure Treatment with pimobendan at 0.25-0.30 mg/kg PO every 12 hours. Administer with a small amount of food to decrease nausea, especially if history of sensitive GI tract. Monitoring of the resting (sleeping) respiratory rate (RRR) is highly recommended once a day. The RRR should NOT EXCEED 30 breaths per minute (bpm). If the respiratory rate is greater than 30 bpm, <u>or</u> if there is a gradual increase (over a day or two) toward 30 bpm, the patient should be evaluated immediately for congestive heart failure and the appropriate treatment initiated. Other clinical signs clients should monitor for include coughing (particularly at night), fatigue, lethargy, decreased exercise tolerance (i.e., not being able to walk for as long before becoming tired, or "running out of breath" while playing, or going up and down stairs, as well as syncope
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(collapsing or fainting spells). Restlessness, or agitation during the night, or being unable to find a comfortable position to sleep are also very common clinical signs.

SPECIES

Canine

- Mild salt restriction is suggested (less than 0.9 grams/1000 kcal of food), and ideally, less than 0.4-0.5 grams/1000 kcal of food. Monitor salt in treats.

BREED

Miniature Poodle Mix

- Omega-3 fatty acids may be helpful (EPA = 40 mg/kg/day and DHA = 25 mg/kg/day); gradual uptitration of the dose is suggested to decrease risk of gastrointestinal effects. However, they should not be introduced at the same time as pimobendan.

SEX

Spayed Female

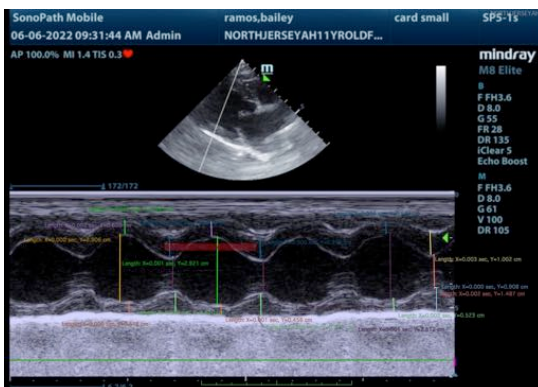
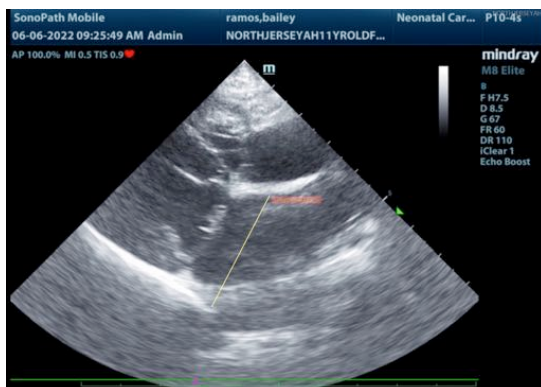
- Monitoring for progression of heart disease with a re-evaluation of an echocardiogram every 6 to 8 months, or sooner if clinical signs develop, is recommended.

AGE

11 years

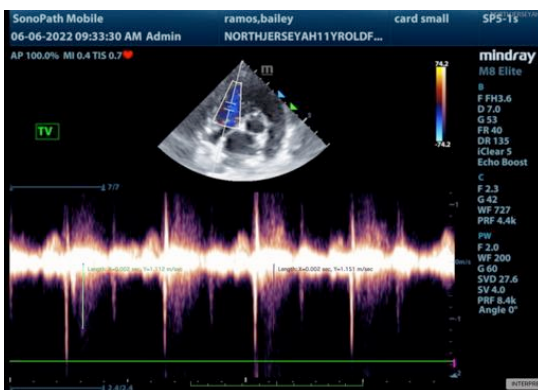
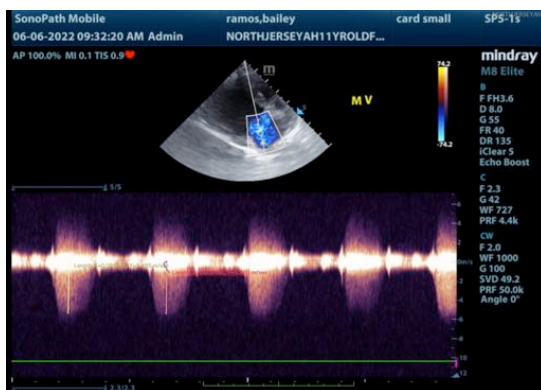
WEIGHT

9.8 lbs



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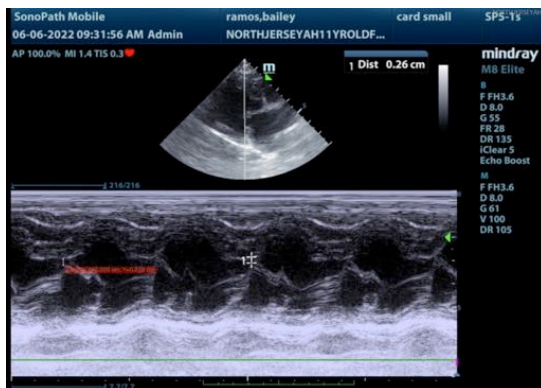
Kelly Vazquez, CVT

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Mix

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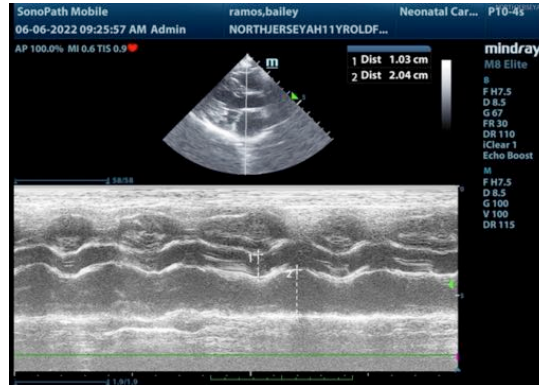
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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