



PATIENT

Katey Burde

SPECIES

Canine

BREED

Cavachon

SEX

Spayed Female

AGE

12.5 Years

WEIGHT

15.6 Lbs

INTERPRETED BY

Laurent Locquet, DVM,
 MRCVS, GPCert, (VC)
 Diplomate, ECVIM-CA

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Companion AH, Wayne

REFERRING VET

Dr. Ben Spitz

INVOICE

35544

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: Coughing; III-IV/VI heart murmur. Chest rads showed increased heart size, dorsal tracheal elevation. No current medications.

Abnormal PE/Chem/CBC/UA Results: ALP=947; UA: PH 6.5; UPC=2.1; USG=1.034.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.40	4.52	1.68	1.66	43	75	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	182	1.86	0.70	--	4.60	3.59	2.06

Cardiac Presentation

The mitral valve leaflets are moderately thickened with severe mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is moderately increased. Left ventricular internal dimensions during diastole are increased and systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with severe tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and evidence of mild to moderate pulmonary hypertension based upon tricuspid regurgitant velocities. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is evidence of very mild pulmonic and aortic 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

- Advanced degenerative valve disease, early stage C
- Tricuspid regurgitation



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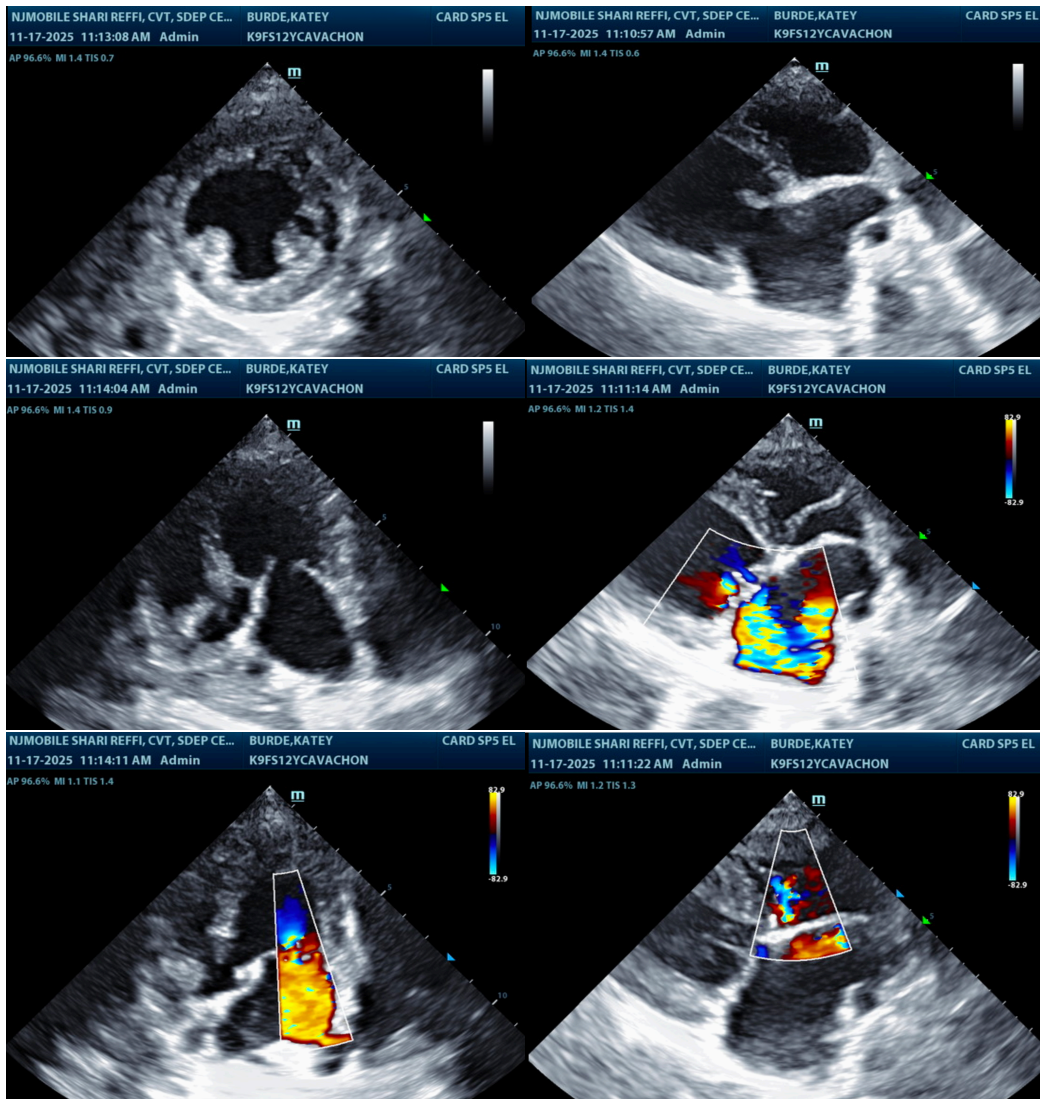
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are reported signs potentially secondary to congestive heart failure and the patient has early signs of degenerative valve disease stage C. The mild to moderate pulmonary hypertension is likely due to the congestive heart failure in this case. Furosemide and pimobendan therapy is recommended. Furosemide at a starting dose of 2mg/kg PO q12. Pimobendan therapy at a dose of 0.27-0.32mg/kg PO q12 is recommended. These will likely be lifelong therapies. Recheck chest radiographs is recommended in 7-10 days along with blood work and a blood pressure. If the patient is doing well and the kidney values are within normal limits, recommend starting an ACE inhibitor (enalapril or benazepril 0.5mg/kg POq12-24) and spironolactone (2mg/kg PO q24). 2-3 weeks after starting ACE inhibition, repeat kidney values are recommended. If the patient is doing well, a recheck echocardiogram is recommended in 3 months. Management will be adjusted accordingly. Blood work to assess these patients is recommended every 4-6 months.





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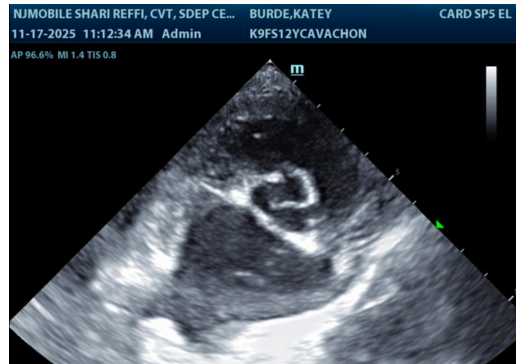
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Laurent Locquet, DVM MRCVS GPCert (VC) Diplomate ECVIM-CA

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