



PATIENT

Coco Linsalata

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

15 Years 2 Months

WEIGHT

8.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Bond Vet Montclair

REFERRING VET

Dr. Mancuso

INVOICE

37326

DATE

6/4/26

PRESENTING CLINICAL SIGNS

History: Decreased exercise tolerance. Grade 6/6 murmur. Current medications - Vetmedin 2.5 mg q12h, Gabapentin 100mg q12h

Abnormal PE/Chem/CBC/UA Results: HCT 41, BUN 33, K 5.5, ALP 402

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	5.17	3.08	3.48	3.07	44	--	0.36
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 (mm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	--	1.59	0.92	8.6	5.46	41 mm	23 mm

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 or intracardiac masses. A few B-lines were noted, as well as a small pocket of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Advanced mixed mitral valve disease, stage B2, with concurrent left ventricular regurgitation.
- A few B-lines
- A small pocket of pericardial effusion



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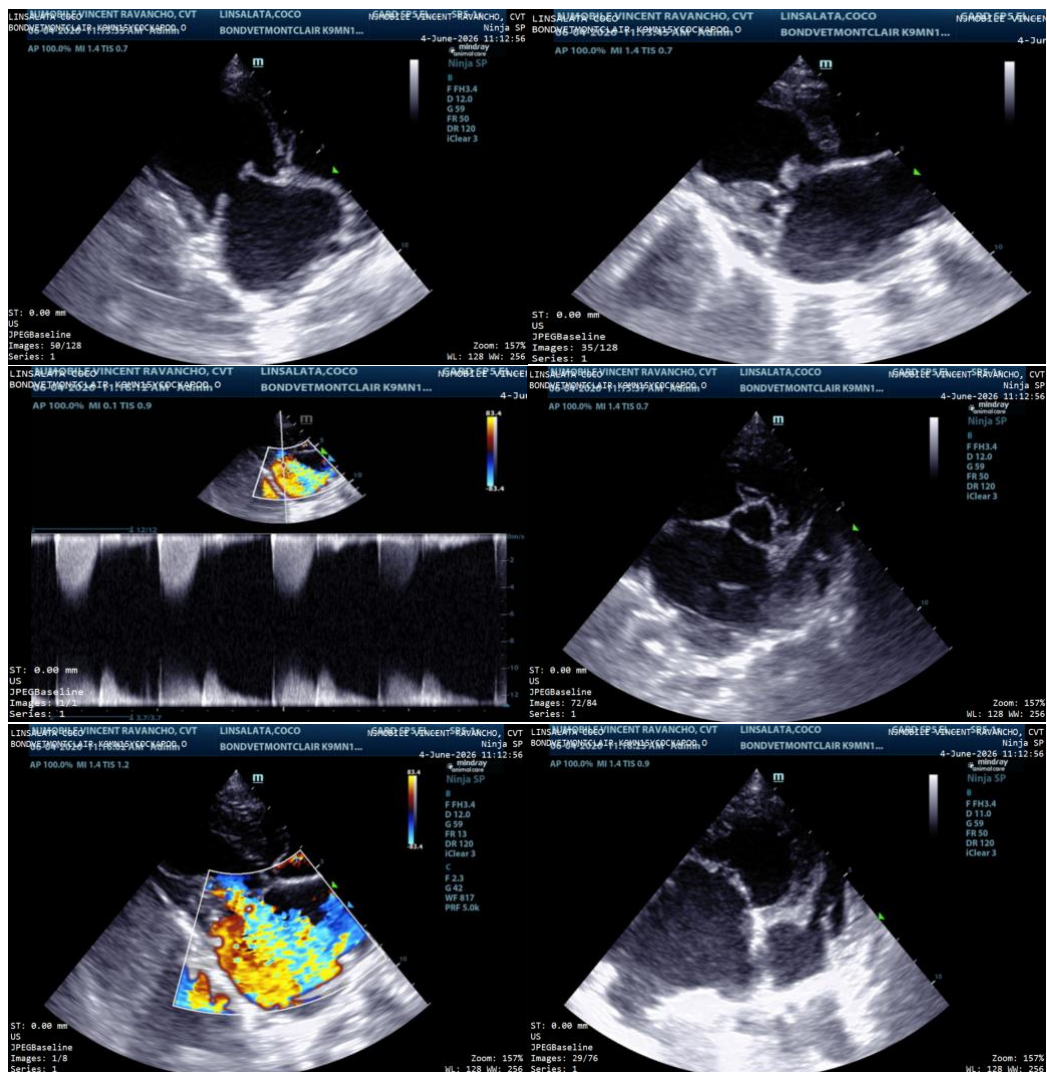
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic radiographs are recommended to exclude early congestive heart failure. If radiographs are supportive of early CHF, medication should be adjusted accordingly by adding furosemide 2 mg/kg twice daily, after performing blood work including renal values and electrolytes. Renal values and electrolytes should then be repeated two weeks after starting diuretic therapy. At home, the sleeping respiratory rate should be monitored and should ideally remain below 30 breaths per minute. Echo recheck in three months or earlier in case of concerns



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.

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

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