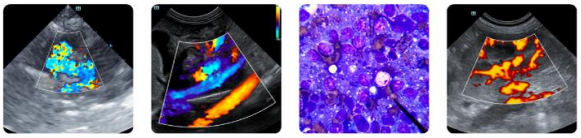

PATIENT

Puddles Lynch

SPECIES

Canine

BREED

Poodle Mix

SEX

Male (Neutered)

AGE

4 years

WEIGHT

Not provided

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Animal Hospital of Sullivan County

REFERRING VET

Dr. Bodolosky

INVOICE

10349

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Further evaluate heart dz, presented for coughing Current meds: Cardalis 2.5 SID, Clavamox
Abnormal PE/Chem/CBC/UA Results: WNL

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				2.1	50	82	0.43
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	NM	1.0	0.6		3.4	3.4	

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate increased **left atrial** size based on 2 different LA measurement methods. The cranial and caudal **mitral** valve leaflets presented mild thickening with mild valve prolapse. Doppler indicated eccentric insufficiency. The **left ventricle** presented normal thicknesses with linear contour and increased LV dimension. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. Trace aortic insufficiency was noted on Doppler. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology. Mild TR was noted on Doppler. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible.

ULTRASONOGRAPHIC FINDINGS

- Thickened mitral valve leaflets with mild valve prolapse, eccentric mitral valve insufficiency
- Moderate LA/LV enlargement

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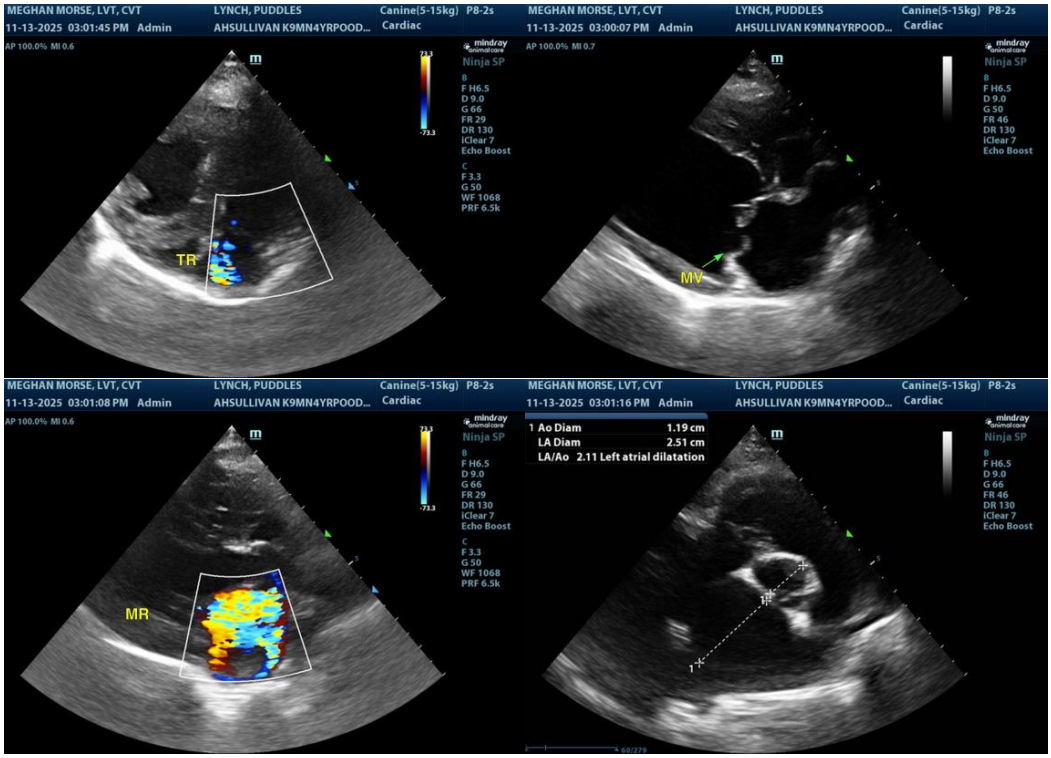
- Mild TV insufficiency - no overt clinical pulmonary hypertension
- Trace aortic valve Insufficiency

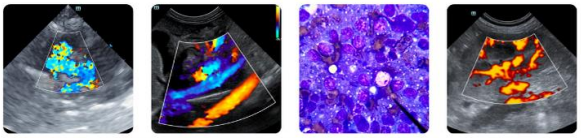
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echocardiogram may indicate early degenerative mitral valve changes or mild mitral valve dysplasia, given the patient's age. DCM criteria was not met. The moderately increased LA/LV dimension indicates that the current and future risk of complications is moderately elevated. Subjectively, the degree of LA/LV enlargement was not definitively consistent with congestive criteria. Although, multifactorial component to the patient's coughing, including primary lower airway disease, is possible. Pimobendan 0.3 mg/kg BID is recommended. Baseline monitoring of resting respiration rate and correlation with thoracic radiograph monitoring for evidence of pulmonary edema going forward is advised. If evidence of elevated resting respiration rate or radiographic pulmonary edema, the lowest effective dose of diuretic would be indicated. Concurrent respiratory support is recommended. Cardiac anesthetic risk, if required, is moderately elevated at this stage yet likely mildly reduced once on Pimobendan for 3-5 days. If anesthesia is required, the following protocol is suggested with judicious peri-anesthetic IV fluid administration. Serial sonographic monitoring is required for further assessment and prognosis. Recheck echocardiogram is recommended in 6 months, sooner if clinically indicated.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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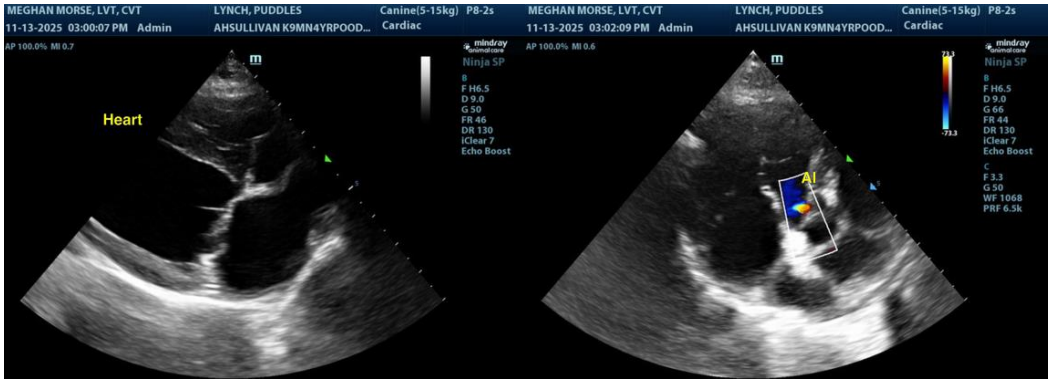

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@sonopath.com