PATIENT

Gizmo Hayworth

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

8 Years

WEIGHT

17.1 Pounds

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Wallburg AH

REFERRING VET

Dr. Harris

INVOICE

35525

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- P presented for evaluation of syncopal episodes which started acutely as well as new 4/6 murmur. P had 2 episodes, went to ER clinic, had 2 episodes there, transferred to rDVM and has had 2 episodes today. P falls over legs stretch out, vocalizes, HR drops a little, pale mm, then after a few seconds stands back up.
- Rads and BP from ER clinic: BP 124/42(69), average 5 measurements

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	6.31	3.06	1.52	1.84	43.66	--	0.91
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	91	1.14	0.66	7.77	3.4	3.55	2.0

Chest Radiographic Interpretation

There does not appear to be evidence of cardiogenic pulmonary edema, however, there is evidence of right and left sided cardiomegaly (the right sided cardiomegaly is not identified on the echo images provided).

Cardiac Presentation

The mitral valve leaflets are moderately thickened with moderate 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 mild tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and mild to moderate evidence of 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 no evidence of pulmonic or

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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.

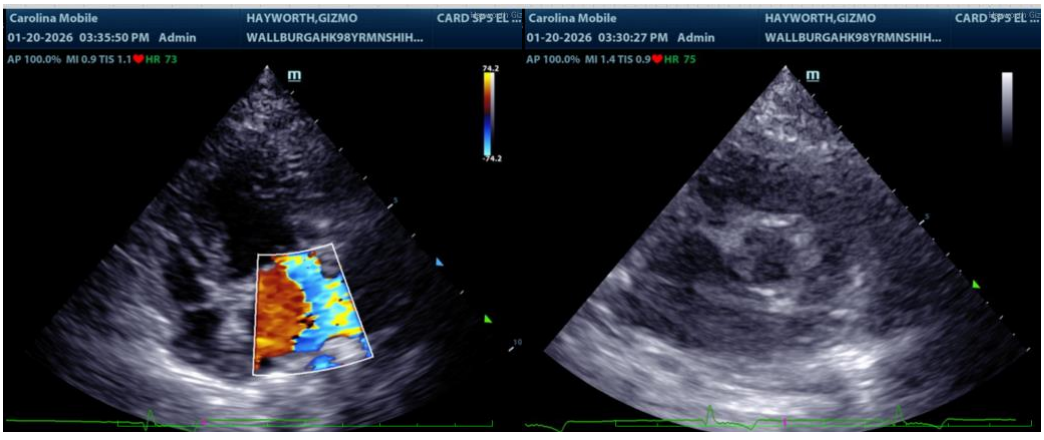
ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease, ACVIM stage B-2
- Moderate left atrial enlargement
- Mild to moderate pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease ACVIM stage B2 and pimobendan therapy at 0.27-0.32mg/kg PO q12 is recommended. This will be a lifelong therapy. A recheck echocardiogram is recommended in 4-6 months to monitor the condition since starting pimobendan. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest radiographs are recommended.

The cause of the collapse may be secondary to decreased cardiac output, and I would recommend seeing if the pimobendan helps with the patient's episodes. An arrhythmia is not identified, however, if the collapse episodes persist, I would recommend a Holter monitor assessment and also considering an abdominal ultrasound to look for any abdominal disease that could be precipitating the episode. The reported blood pressure is within normal limits. If not already performed, I also recommend ensuring the patient has normal blood work. Therapy for the pulmonary hypertension is not indicated at this time, however, if other diagnostics are normal and the patient continues to collapse, a sildenafil trial may be needed. At this time though, I recommend holding on sildenafil therapy and seeing how the patient does with pimobendan alone.



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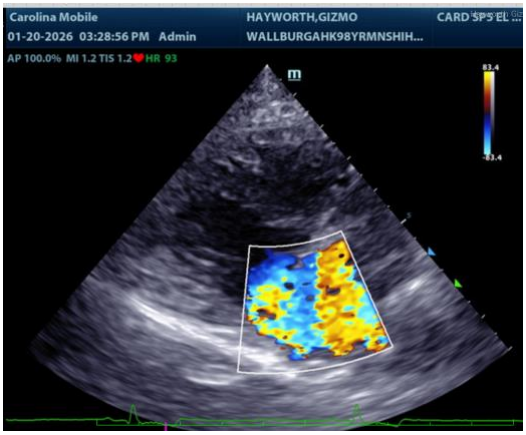

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sara Brethel DVM, DACVIM (Cardiology)

info@SonoPath.com