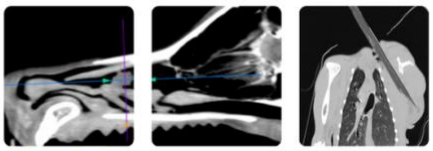

PATIENT

Ernie Schmidt

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

10 Years

WEIGHT

7 kg

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

St. George AH

REFERRING VET

Dr. Henin

INVOICE

35534

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Heart murmur, has cough bilateral cataracts and severe periodontal disease so need dental surgery
- Would like anesthetic protocol suggestions if safe to proceed with dental

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	6.87	3.75	--	2.32	61	--	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	NM	1.3	1.27	7.0	3.89	3.26	1.27

Cardiac Presentation

The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is billowing of the mitral valve leaflets with evidence of a potential, at least partial, chordal tear. The left atrial size is severely 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 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 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
- Severe left atrial enlargement
- Possible partial chordal rupture
- Moderate pulmonary hypertension

The Focal Zone
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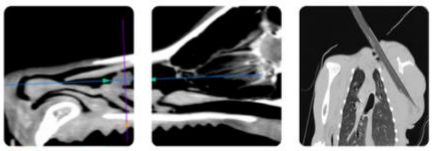
SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608



Teleradiology
Educational Teleconsultation Services™

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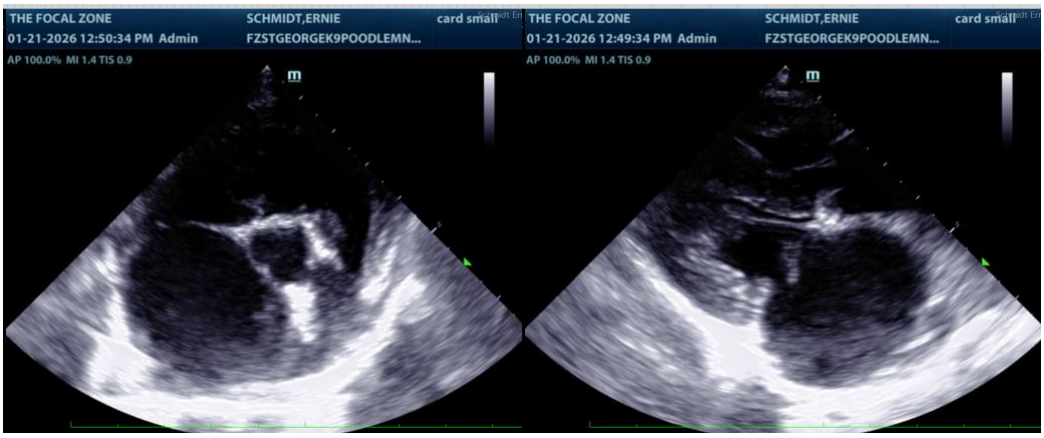
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

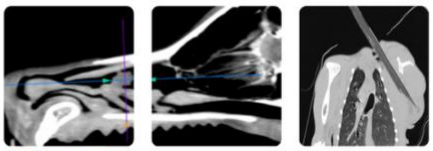
The patient is at an increased anesthetic risk, particularly there is increased risk for congestive heart failure due to the severity of the heart enlargement and potential complications secondary to the moderate pulmonary hypertension. The pulmonary hypertension is like due to left sided heart disease, however, recommend ensuring the patient is heartworm negative as well. To help decrease risk, I recommend the patient be on pimobendan for at least 1-3 weeks prior to elective anesthetic procedures, however, procedures should be proceeded with caution due to the elevated risk for complication.

Judicious perioperative fluids are recommended due to the increased left atrial size. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face of a clinically significant bradyarrhythmia (i.e., bradycardia with concurrent hypotension). If the patient is on an ACEi, recommend not giving this therapy the day of anesthesia.



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.



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info@SonoPath.com

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