

PATIENT PRESENTING CLINICAL SIGNS

Walnut LaForme
SPECIES Canine
BREED Terrier X
SEX Neutered Male

The patient presented for coughing, weight loss, and muscle atrophy over the past month. - The cough is occasionally productive of water or bile. - Appetite has been variable but is currently improved. - The owner is monitoring several stable subcutaneous masses and has noted new, small, dry skin lesions. - A history of osteoarthritis exists, with some noted slowness on stairs. - Past records from 2023 indicate a significantly elevated liver enzyme (ALP). Grade 3/6 left-sided systolic heart murmur. ** Strong femoral pulses. Respiratory: lung sounds are clear, no crackles or wheezes Thoracic Radiographs (3-view): Findings are consistent with left-sided cardiomegaly causing dorsal elevation of the trachea. The liver was also noted to be enlarged. - Senior Blood Panel: ALP was signs Current Medications Hepato support caps

Abnormal PE/Chem/CBC/UA Results: labs and rads attached

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

AGE

14 Years

WEIGHT

7.1 kg

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Grand River VH

REFERRING VET

Dr. Day

INVOICE

12991

DATE

01/06/2026

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	6.0	3.15	NM	2.3	47	--	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	106	1.37	1.15	7.1	3.37	3.0	1.59

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 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 no 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



PATIENT

Walnut LaForme

- Degenerative valve disease ACVIM Stage B2 with severe left atrial enlargement.
- Mild tricuspid regurgitation without evidence of significant pulmonary hypertension.

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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.

Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated. The cough may be secondary to left atrial enlargement. If the cough is significant, consider cough suppression with Hydrocodone versus Lomotil at a dose of 0.2 mg/kg twice daily. Elective anesthesia procedures are ideally avoided with this patient due to the significance of the heart enlargement.

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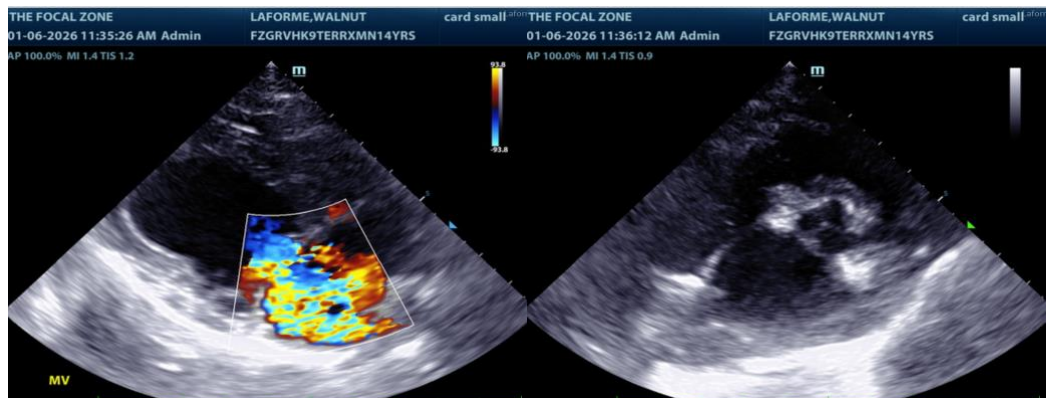
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sara Brethel DVM, DACVIM (Cardiology)

info@SonoPath.com