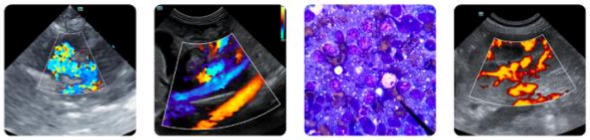

PATIENT

Toby Risolia

SPECIES

Canine

BREED

JRT Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

32 Pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Arthur Newman, DVM

INVOICE

35276

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History of MVD managed with pimobendan. Recent increase in dry hacking cough. Rechecking echo. Abnormal PE/Chem/CBC/UA Results: Attached is labwork and previous echos.

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	7.66	2.55	1.92	1.7	37.93	--	0.11
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	--	2.23	1.15	14.54	3.9	2.9	1.8

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflet. The left atrial size is moderately increased. Left ventricular internal dimensions during diastole are within normal limits 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

- Degenerative disease, ACVIM stage B-2
- Mild tricuspid regurgitation without evidence of significant pulmonary hypertension (increased mitral regurgitant velocities)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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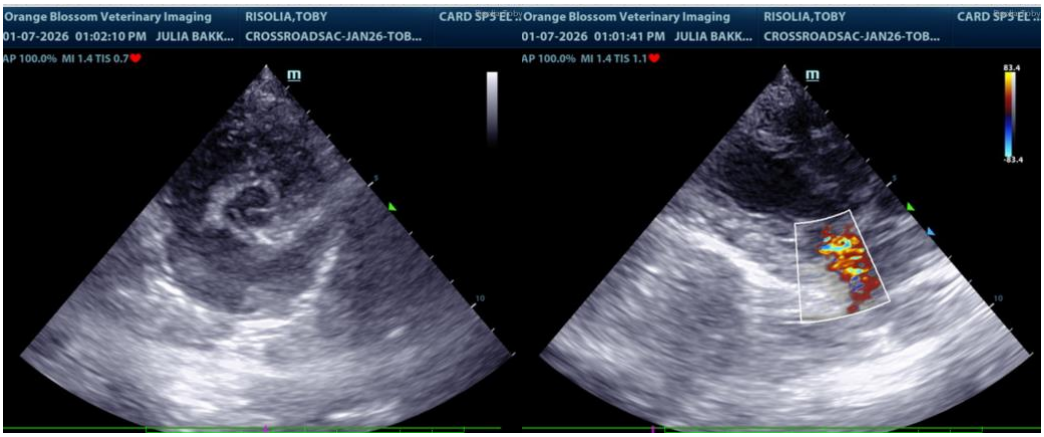
The patient continues to have degenerative valve disease, ACVIM stage B-2. When compared to the previous echocardiogram report, overall measurements are relatively stable. No changes in medication are recommended at this time. I do recommend continued monitoring of breathing rates. The. Mitral regurgitant velocities are increased, which can be seen with increased afterload, and I recommend ensuring the patient is normotensive. 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 patient overall is considered a mild to moderately increased risk for elective anesthetic procedures. If needed, anesthesia can be performed. 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.

With the history of a dry hacking cough, I would recommend obtaining chest radiographs to ensure there is no evidence of cardiogenic pulmonary edema or any other reason for the cough. Based upon the echo, active heart failure is considered less likely.

A recheck echo is recommended in 6 months, sooner if the patient is decompensating or the murmur is worsening in intensity.



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)

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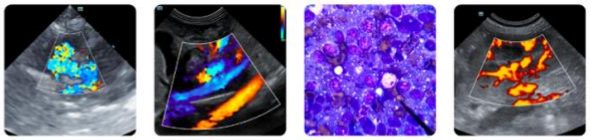

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Educational Teleconsultation Services™

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