

PATIENT

Delilah Silver

SPECIES

Canine

BREED

Toy Poodl

SEX

Spayed Female

AGE

12 Years

WEIGHT

7.4 Pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stewart's Mtn. View AH

REFERRING VET

Dr. Stewart

INVOICE

35480

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History: 11/5/25 O reported hacking cough with dyspnea after boarding. Started on Clavamox and Diphenoxylate 11/6/25 p presented for breathing harder and fast HR (170 bpm) Rads- some increased density at heart base R sided heart enlargement starts on Dexamethasone, Furosemide and Baytril 11/7/25 New 4/6 murmur no crackles, added in Vetmedin 1.25 1/2 TID 11/10/25 Echo- Owner reports coughing improved now only once per day 2 rads attached.

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	~5.0	3.57	NM	1.87	72.22	--	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	174	0.63	0.88	3.36	2.88	2.88	0.8

Chest Radiographic Interpretation

There is moderate to severe left sided cardiomegaly. The pulmonary vasculature is enlarged. There appears to be evidence of cardiogenic pulmonary edema.

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 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.



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ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease, ACVIM stage B-2
- Degeneration of the tricuspid valve with moderate pulmonary hypertension

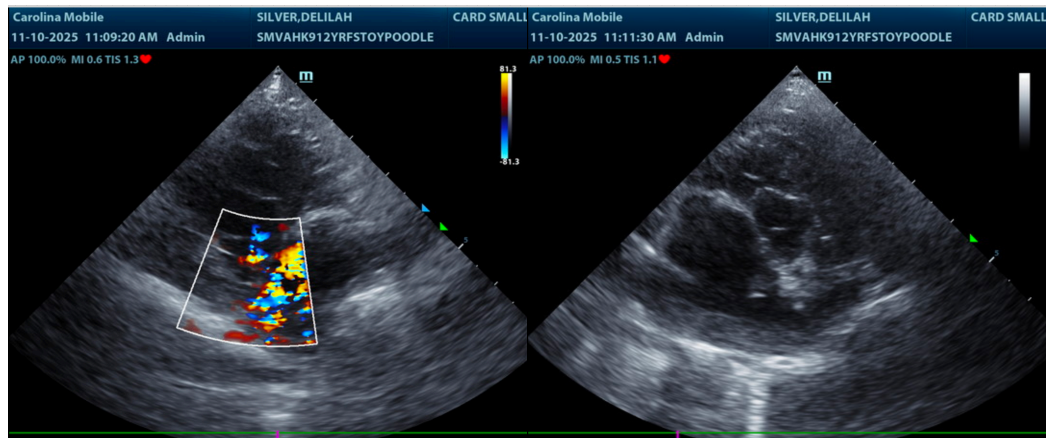
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are reported signs of congestive heart failure, and the patient has degenerative valve disease stage C. Furosemide and pimobendan therapy is recommended. Furosemide at a starting dose of 2mg/kg PO q12. The patient's current dose of pimobendan can be continued. These will likely be lifelong therapies. Recheck chest radiographs is recommended in 7-10 days along with blood work and a blood pressure. If the patient is doing well and the kidney values are within normal limits, recommend starting an ACE inhibitor (enalapril or benazepril 0.5mg/kg POq12-24) and spironolactone (2mg/kg PO q24). 2-3 weeks after starting ACE inhibition, repeat kidney values are recommended. If the patient is doing well, a recheck echocardiogram is recommended in 4-6 months. Blood work to assess these patients is recommended every 4-6 months.

It is unclear if the patient needs to continue the antibiotic therapy, however, if there is a strong suspicion for an infectious component, recommend finishing the course of antibiotics.

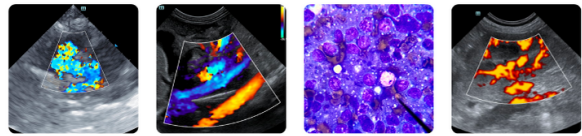
The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest radiographs are recommended.

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 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



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can be of any further assistance please contact me.

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