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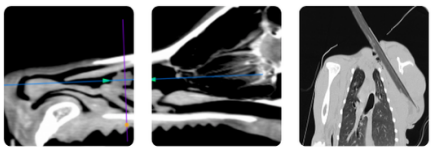

Teleradiology
Educational Teleconsultation Services™

**PATIENT**

Leena Deveau

**SPECIES**

Canine

**BREED**

Bichon X

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

17.8 Pounds

**INTERPRETED BY**

Sara Brethel, DVM, DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

The Maples

**REFERRING VET**

Dr. Kazienko

**INVOICE**

35479

**DATE**

11/10/25

## PRESENTING CLINICAL SIGNS

History: Leena is doing well, no issues noted from owner. Recheck echo from May 2025. Current Medications Pimobendan 2.5mg BID, Benazepril 5mg SID, Omega 3's

Abnormal PE/Chem/CBC/UA Results: Previous report attached Primary Question to Be Answered in This Exam Medication adjustments?

## 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** | 5.77 | Underest | 2.38 | 2.32 | 47.36 | -- | 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** | -- | 1.8 | 1.11 | 8.1 | 4.5 | 3.8 | 2.0 |

### *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 and progressive. 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 trace aortic insufficiency. There is no pulmonic 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
- Progressive left atrial size
- Mild degeneration of the tricuspid valve
- Trace aortic insufficiency

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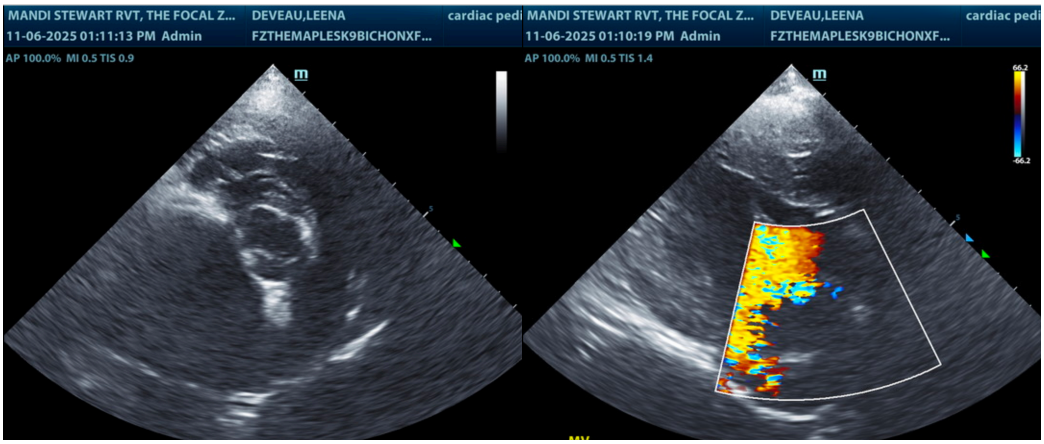
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient continues to have degenerative valve disease ACVIM stage B-2. While there has been significant progression of the left atrial size when compared to the previous evaluation, in the absence of clinical signs, no therapy adjustments are recommended. Continued monitoring and closely watching the breathing rates is recommended. 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 ensuring the patient's blood pressure is normal to ensure afterload reduction is not needed. If the blood pressure is >150 mmHg consistently, recommend adding amlodipine at a dose of 0.1 mg/kg once daily. Recheck echocardiogram is recommended in 4-6 months, sooner if the patient is decompensating or the murmur is worsening in intensity. This patient is at an increased risk for elective anesthetic procedures. Elective procedures are not recommended at this time.




**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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