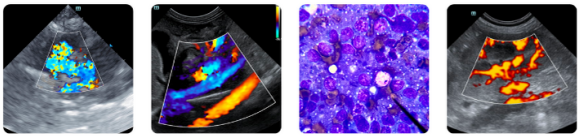

PATIENT

Meadow Marino

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Spayed Female

AGE

14 Years 2 Months

WEIGHT

Not Provided

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

HoHoKus VH

REFERRING VET

Dr. Gannon

INVOICE

35499

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: Grade 4/6 murmur, lsat echo 8/2/24, Coughing sometimes @ night now despite meds. Meds: Amlodipine 0.25 mg 1/2 q24hrs, Pimobendan 1.25 mg 1.5 tab BID, Galliprant PRN, Metro 250 mg 1/4 tab PRN.

Abnormal PE/Chem/CBC/UA Results: Feb 25 BW ALP 140, K 5.7.

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	6.17	3.14	NM	--	45.55	--	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	153	1.26	0.9	--	3.44	2.7	1.47

Cardiac Presentation

The mitral valve leaflets are mildly thickened with moderate mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflet. There is mild left atrial enlargement on long axis assessment. 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 mild 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
- Tricuspid regurgitation
- Mild pulmonary hypertension

PATIENT

Meadow Marino

SPECIES

Canine

BREED

Cavalier King Charles

SEX

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AGE

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WEIGHT

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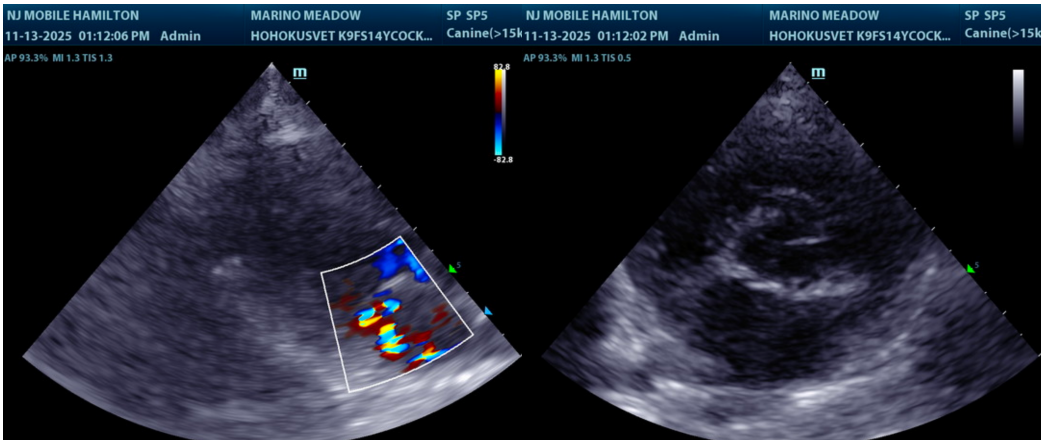
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient continues to have degenerative valve disease, ACVIM stage B-2. Recommend the patient be on at least 0.27 – 0.32 mg/kg of pimobendan (a weight is not provided, and I cannot give specific recommendations for the current dose that the patient is on). The patient is listed as being on amlodipine; recommend obtaining a blood pressure to ensure this remains stable. There has not been significant progression since the previous examination in August of 2024. The left atrial size in long axis has progressed. The LA/AO has improved, and the left ventricular dimensions have remained stable. The tricuspid regurgitation remains stable as well. The patient's cough is not suspected to be due to the mild pulmonary hypertension and therapy for pulmonary hypertension is not recommended at this time. Given the patient's history of coughing, and the lack of significant progression on echo, recommend obtaining chest radiographs to look into other differentials to be causing the coughing. Recheck echo is recommended in 1-12 months, sooner of the patient is decompensating. 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 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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