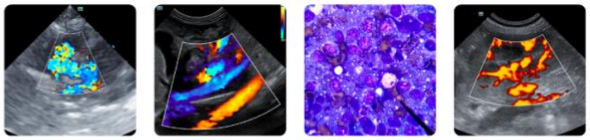

PATIENT

Taz McDonough

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

9 Years

WEIGHT

20.1 pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Meredith Swart

HOSPITAL NAME

Swart Veterinary Imaging

REFERRING VET

Dr. Meredith Swart

INVOICE

12120

DATE

11/06/25

PRESENTING CLINICAL SIGNS

Historical murmur. Suspected episode of CHF on Monday. X-rays attached as supplemental info. Taz was given IV Lasix and is now feeling much better. He was started on Pimo 10 mg quad tabs 1/4 tab bid and Lasix 20 mg 1-2 tabs bid

Abnormal PE/Chem/CBC/UA Results: none reported

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	5.45	2.64	1.98	Underestimated	39.13	--	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	NM	1.02	1.16	9.14	5.0	4.6	2.8

Cardiac Presentation

The mitral valve leaflets are moderately thickened with severe 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 decreased in the face of mitral regurgitation. There is mild right atrial enlargement with mild tricuspid regurgitation. There is **no** prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension based upon tricuspid 6regurgitant 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 insufficiency. There is mild aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion. There is scant pericardial effusion. No evidence of intracardiac masses. The rhythm is irregular during portions of the echo.

Chest Radiographs

There is severe cardiomegaly, enlarged pulmonary vasculature and evidence of cardiogenic pulmonary edema.

ULTRASONOGRAPHIC FINDINGS

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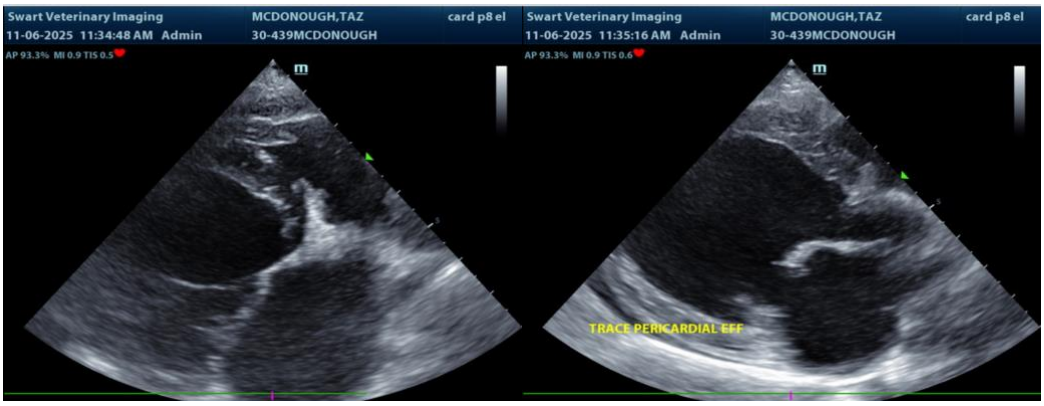
- Irregular rhythm.
- Degenerative valve disease ACVIM stage C.
- Severe left atrial enlargement.
- Left ventricular systolic dysfunction.
- Scant pericardial effusion.
- Mild right atrial enlargement.
- Mild tricuspid regurgitation without evidence of significant pulmonary hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Due to the severity of the patient's cardiac disease, evaluation with a veterinary cardiologist is recommended for continued management. 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. Pimobendan therapy at a dose of 0.27-0.32mg/kg PO q12 is recommended. 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.

The rhythm is irregular, and an electrocardiogram is strongly recommended to further evaluate and help determine if additional therapies are needed. 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.

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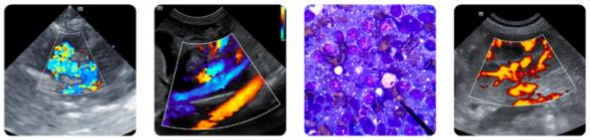

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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