PATIENT

Waffles Wolfe

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

8 Years 11 Months

WEIGHT

7 Pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Armstrong AC

REFERRING VET

Dr. Gallagher

INVOICE

35416

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: P presented for recheck echo.

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	5.57	3.75	1.84	1.49	67.85	--	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	109	1.13	1.11	3.18	2.66	2.8	0.9

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 on long axis and LA/AO M-Mode assessment. 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 at least 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.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease, ACVIM stage B-2
- Tricuspid regurgitation with at least moderate pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient continues to have degenerative valve disease, ACVIM stage B-2. When compared to the previous report, the tricuspid regurgitation has been progressive and there is continued evidence of

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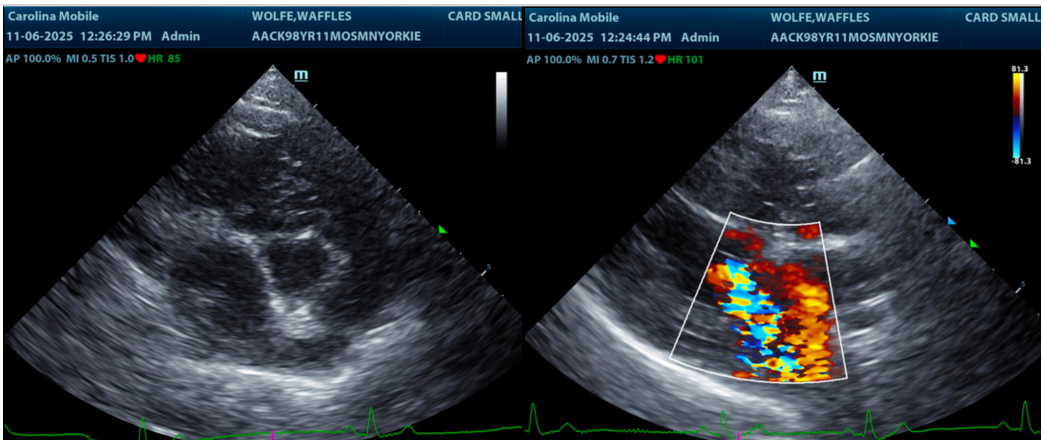
pulmonary hypertension, however, in the absence of clinical signs, therapy is not recommended. There has also been progressive left atrial size, particularly in the long axis assessment. In the previous report, it was recommended that the patient start pimobendan therapy. Medications are not provided in the history. If the patient is not receiving pimobendan (Vetmedin), it is strongly recommended that this patient start this therapy at a dose of 0.27 – 0.32 mg/kg twice daily. Overall, this patient is considered to be an increased anesthetic risk. Due to the degenerative valve disease, however, if the patient clinically is doing well, no 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.

A recheck echocardiogram is recommended in 4-6 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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