

PATIENT

Peppa Della Pietra

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

8 Years

WEIGHT

10.7 kg

INTERPRETED BY

Sara Brethel DVM,
 DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Grand River VH

REFERRING VET

Dr. Kenny-Foeldessy

INVOICE

35070

DATE

12/24/25

PRESENTING CLINICAL SIGNS

History: Presented for increased abdominal respiratory effort and unsettled at home. Pulmonary edema shown on radiographs. - Has a Grade 3/6 left sided heart murmur and a known history of mitral valve disease. Current Medications Furosemide IV while in hospital 2mg/kg initially = 0.42ml, followed by another 1mg/kg = 0.21ml an hour later, and then repeated the 1mg/kg dose another hour afterwards. Abnormal PE/Chem/CBC/UA Results: please see attached labs and rads and prev US report.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

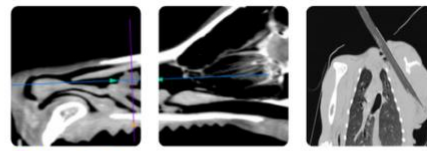
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.5	2.81	NM	2.0	30.93	--	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA 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	--	0.85	0.64	10.7	3.1	3.33	2.3

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. Left ventricular dimensions are normal but meet epic criteria 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 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 C, first episode 12/24/25
- Mild tricuspid regurgitation without evidence of pulmonary hypertension



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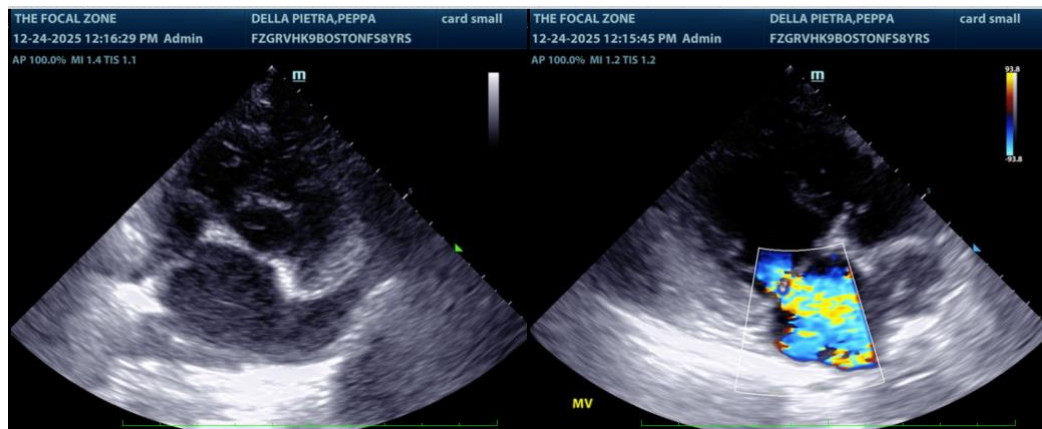
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. 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 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.

There has been significant progression since the previous echocardiogram performed. Unfortunately, median survival times once you've had an episode of heart failure are roughly 12-15 months, with some patients doing better, while other patients not doing as well. Close monitoring is recommended.

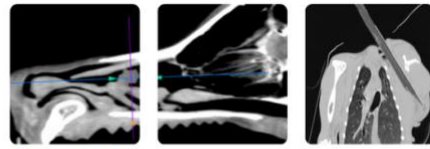
If the patient is still oxygen dependent and not improving with diuretic therapy, recommend referral for emergency evaluation and oxygen support and continuous infusion of the diuretic therapy until we're stabilized off of oxygen.



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.

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info@SonoPath.com

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