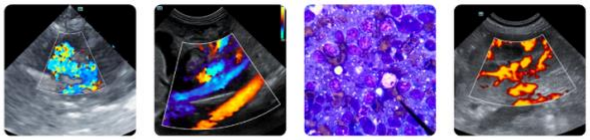

PATIENT

Cormac Senior Dog Haven

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Male

AGE

8 Years

WEIGHT

3 kg

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

East Bradford VH

REFERRING VET

Meghan McGrath, DVM

INVOICE

35132

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: Echo to further evaluate a grade 5-6/6 left apical HM, grade 4-5/6 right HM and coughing. Palpable thrill (R>L). New senior dog with a rescue presented for intake exam with coughing and URI. HM noted on PE. Initially treated with Doxycycline but changed to Clavamox and Baytril. Started Pimobendan. CXR concerning for pneumonia. On intake exam, HR 132, RR 18, PQSS. Meds: Clavamox, Baytril, Vetmedin.

Abnormal PE/Chem/CBC/UA Results: Doppler Blood Pressure: 160, 165, 163 mmHg CBC/Chem/T4: Pending 4dx Negative.

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	Underest	3.29	NM	1.55	49.13	--	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	--	0.73	1.2	3	1.8	1.73	0.88

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflet. The left atrial size is mildly increased. 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 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. There is increased hyperechoic region at the level of the heart base.

ULTRASONOGRAPHIC FINDINGS

PATIENT

Cormac Senior Dog Haven

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Male

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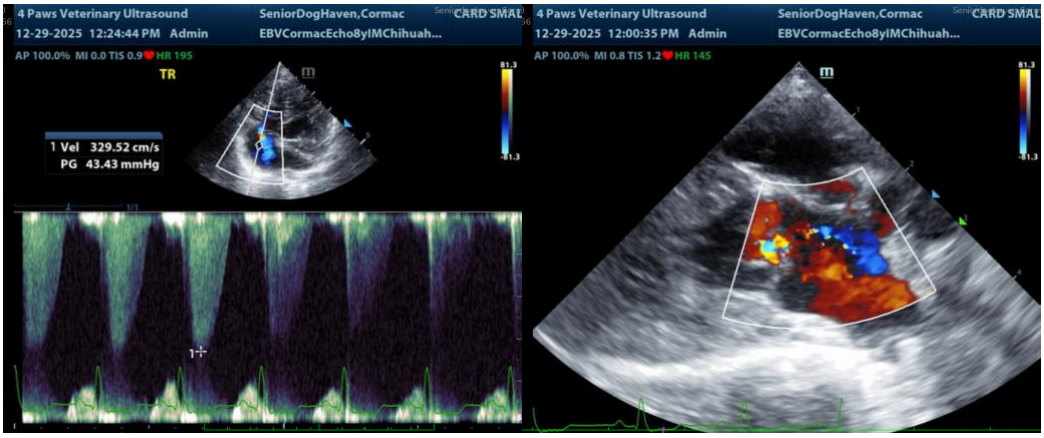
- Degenerative valve disease, ACVIM stage B-2
- Mild left atrial enlargement
- Mild degeneration of the tricuspid valve with mild pulmonary hypertension
- Increased hyperechoic opacity, right parasternal short axis images, at the level of the heart base

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve diseases with mild left atrial enlargement. Recommend continuing the Vetmedin at a dose of 0.27 – 0.32 mg/kg twice daily. There is evidence of mild pulmonary hypertension that does not require therapy at this time. The significance of the hyperechoic structure is unknown. It is unclear if this represents a mass versus blood clot versus artifact. It's best seen really only on the right parasternal short axis images. Recommend ensuring the patient is heartworm negative. Can consider a referral for another echocardiogram with +/- more advanced imaging, like a CT, to really investigate that region, to see if there is truly a mass versus clot present. Alternatively, can monitor with serial echoes in another 3-4 months.



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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