

**PATIENT**

Pippies Dillon

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Neutered Male

**AGE**

12 Years 3 Months

**WEIGHT**

8 Pounds

**INTERPRETED BY**

Sara Brethel DVM,  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

AH of Clemmons

**REFERRING VET**

Dr. Smith

**INVOICE**

35816

**DATE**

2/12/26

**PRESENTING CLINICAL SIGNS**

- P presented for recheck echo
- On Pimo and enalapril
- P has difficult time with Lasix due to CRF

**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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	4.17	2.52	--	1.1	32.1	--	--
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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	168	1.54	0.8	3.63	2.06	1.62	1.1

**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 normal. 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 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 B-1



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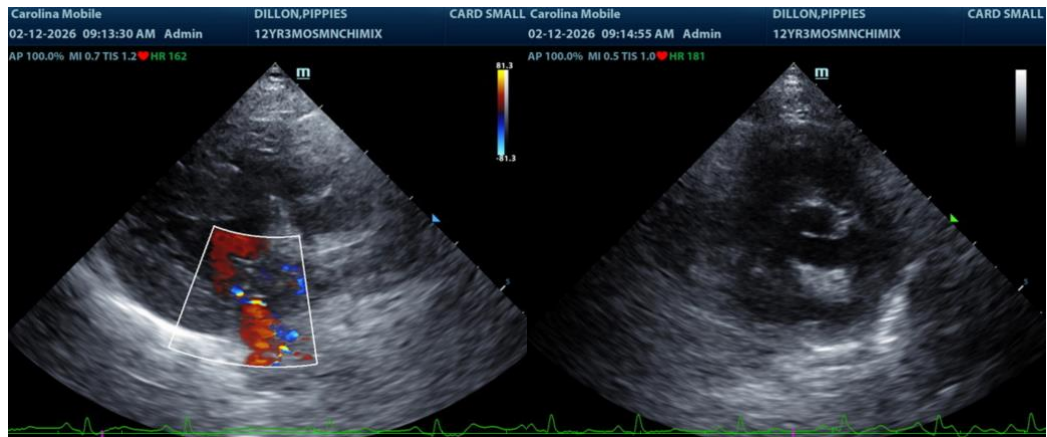
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient continues to have B-1 disease. There has been no significant progression since the previous exam, and cardiac medications continue to not be indicated at this time. With the patient's historic cough, a noncardiac cause is suspected, and further investigation into underlying airway disease is recommended. If the patient wishes to remain on pimobendan, they can. Spironolactone is not indicated from a cardiac perspective and should be discontinued. Telmisartan, similarly, is not needed from a cardiac perspective, however, if the patient is receiving it for proteinuria, then I recommend following ACVIM guidelines for that continued management. Diuretic therapy with furosemide is not indicated. The patient is not in congestive heart failure, and the heart is normal in size.



**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)

[info@SonoPath.com](mailto:info@SonoPath.com)