

PATIENT PRESENTING CLINICAL SIGNS

Baby Gurman

SPECIES

Canine

BREED

Chi Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

3.6 kg

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

St. Catharines AH

REFERRING VET

Dr. Collado-Torres

- **V/D/C/S: Coughing:** The client reports an increase in coughing. More frequently after drinking water and when picked up. The cough is sometimes productive of a white, foamy liquid.
- **Regurgitation:** Associated with the cough, she will bring up a clear or white, foamy liquid.
- **Sneezing:** The client notes she sneezes occasionally
- **Wheezing:** The client has noticed a wheezing sound, even when lying down, sounds congested.
- **Diet/Appetite:** Appetite is variable and inconsistent. There are days the client cannot get her to eat.
- **Current Medications:** Hydrocodone: Administered q 8 hours, or q 6 hours if there are visitors. The client notes it makes her drowsy and she sleeps most of the day. When the medication is given less often, she is more playful. The client reports using the entire 30 mL bottle between refills. - The client confirmed she is also receiving Fortekor, Spironolactone, Pimobendan and Sucralfate consistently.

Abnormal PE/Chem/CBC/UA Results: prev US report attached

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	4.82	UE	1.73	2.0	56.46	88.39	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	112	~1.0	1.32	3.6	3.63	2.52	1.1

INVOICE

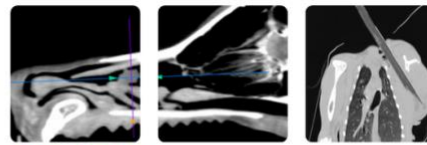
13587

DATE

02/04/26

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 internal dimensions during diastole are increased and systolic function is preserved 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 based upon tricuspid regurgitant velocities. The right ventricle subjectively appears normal in structure and function. The aortic and



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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 10intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease.
- Severe left atrial enlargement.
- Mild right atrial enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

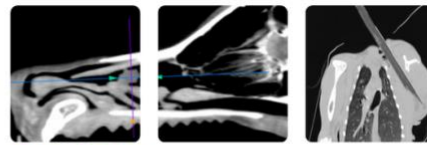
The echocardiographic parameters, specifically the LA-AO heart base and left ventricular dimensions along with the mitral regurgitant velocities have remained relatively stable. In the previous history provided, the patient was on furosemide. In the current history, that medication is not listed.

I recommend having chest radiographs performed to ensure there is no evidence of cardiogenic pulmonary edema. The white foam after the cough is likely secondary to a terminal retch, which is not uncommon in patients with coughing secondary to cardiac disease. It does not appear that the patient is responding well to hydrocodone.

Additional cough suppressants to consider include Lomotil so stopping hydrocodone and starting Lomotil at a dose of 0.2 mg/kg every 8 to 12 hours. You can also consider Cerenia at a dose of 2 mg/kg once daily. I recommend continuing the Benazepril, Spironolactone, and Pimobendan and the Sucralfate at the discretion of the primary veterinarian.

(Coughing in the absence of respiratory changes is more concerning for a cough due to cardiac enlargement or underlying respiratory disease, however, coughing with respiratory changes is more concerning for heart failure. 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.

I also recommend limiting any airway irritants at home and considering an air purifier and humidifier, especially this time of year as the heat creates a very dry environment. Another recheck echo in 6 months, sooner if the patient is decompensating or goes into heart failure.



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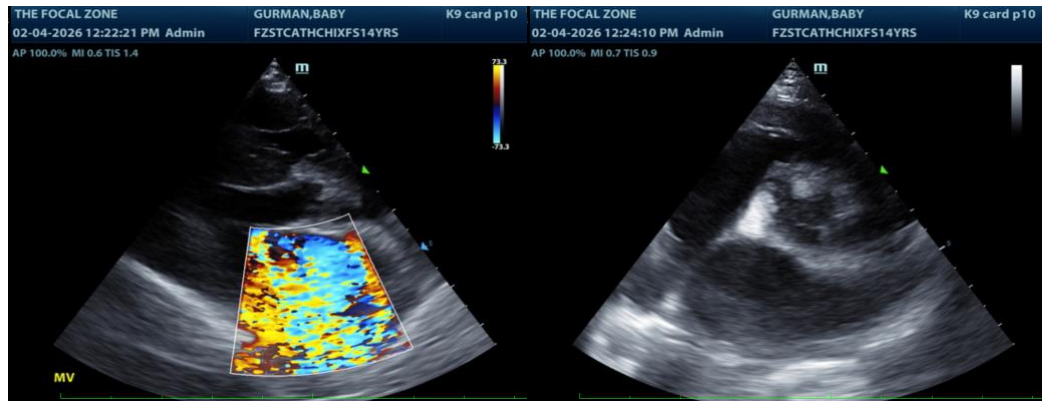
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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