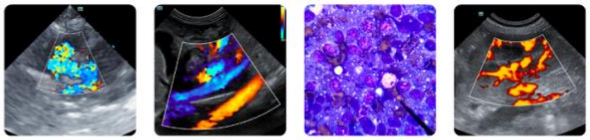

PATIENT

Mika Marte

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

52 pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of Stratford

REFERRING VET

Dr. Giuliani

INVOICE

14230

DATE

03/11/26

PRESENTING CLINICAL SIGNS

- Pt has hx of heart murmur (Started April 2024, 4/6 when auscultated).
- Went into CHF in Nov of 2025.
- Pt currently on Spironolactone 50mg - 1tab SID, Vetmedin 5mg - 1 1/4tab BID, Furosemide 40mg - 1tab TID (based on Idexx cardiologist from chest rads)

Abnormal PE/Chem/CBC/UA Results: Attached most recent labs and cardiopet 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	--	--	NM	2.36	44.82	--	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	82	--	--	23.63	5.9	5.8	3.2

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 4in the face of mitral regurgitation. The right atrial size is enlarged with mild tricuspid regurgitation. There is **no** prolapse of the tricuspid valve leaflets. Cannot assess for pulmonary hypertension at this time. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology. 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. There is scant pericardial effusion and there is a large intracardiac mass suspected in the heart base measuring 5.0 cm x 6.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease ACVIM stage C.
- Severe left atrial enlargement.
- Right atrial enlargement.

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- Pericardial effusion.
- Large heart base mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease, ACVIM stage C. There is severe cardiomegaly. I recommend continuing the spironolactone at the current dose, optimizing the Vetmedin to 7.5 mg every 12 hours. While there is scant pericardial effusion, it is unknown if there is evidence of active cardiogenic pulmonary edema or if the pericardial effusion secondary to large heart base mass.

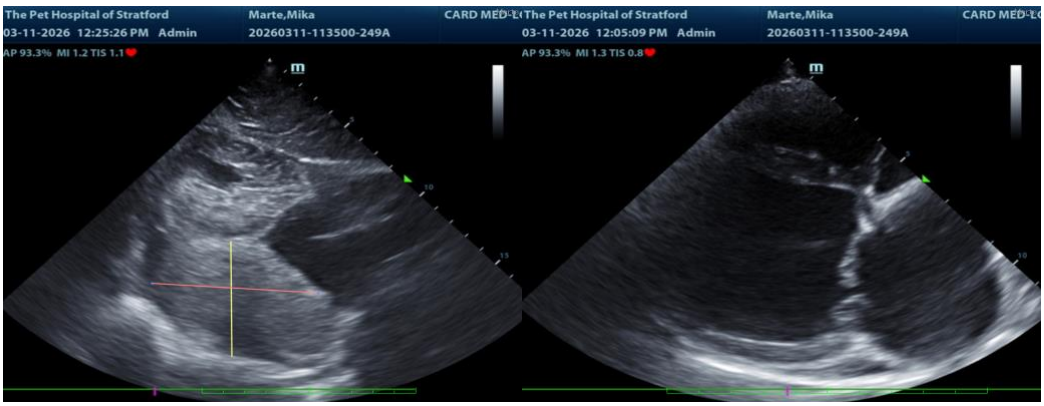
If the patient's resting respiratory rates and clinical signs are well controlled, I would not recommend increasing the diuretic therapy even further. The patient is on ceiling diuretic doses. If there are worsening clinical signs, rescue therapies may need to be started.

Based upon the combination of the severe cardiomegaly and the large heart base tumor, the patient has a grave prognosis and is at risk of significant decompensation and if the clients are interested, I would encourage referral to be managed by a veterinary cardiologist and +/- an oncology evaluation. If not moving forward with referral, I would try and reduce the diuretic therapy as long as resting respiratory rates are normal due to the patient's azotemia and administer 40 mg twice daily, all while closely monitoring breathing rates.

If the patient is symptomatic for the azotemia and breathing rates are elevated and clinical signs are not well controlled, unfortunately, I would consider quality of life and humane euthanasia for this patient.
If moving forward with therapy and not moving forward with referral, recheck kidney values are recommended in two to three weeks.

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 with a recheck echo in one to two months.

The client should be closely monitoring for any signs of worsening pericardial effusion and cardiac tamponade as well. If there's concern for cardiac tamponade, emergent evaluation is recommended.



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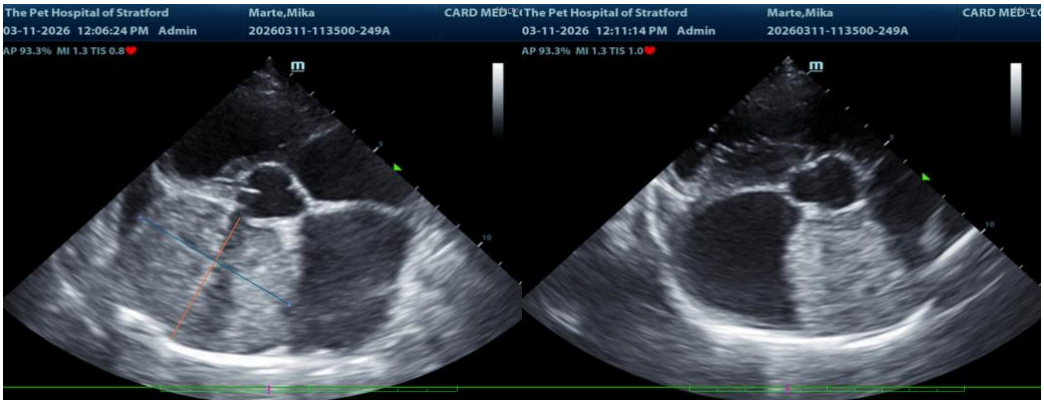

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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