

PATIENT

Rambo Wright

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

8 Years

WEIGHT

2.9 kg

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. Tomlin

INVOICE

36193

DATE

3/11/26

PRESENTING CLINICAL SIGNS

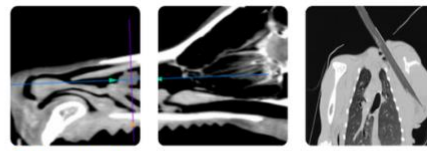
- Progressive Heart Murmur (Grade 4/6) - Degenerative valvular disease suspected. Cough - Ddx: secondary to cardiac disease (cardiomegaly, early congestive heart failure), lung pathology, tracheal collapse less likely. Severe Periodontal Disease - With suspected oral infection. Right Patellar Luxation Alopecia - Chronic and stable. Other than chronic conditions, pt appears healthy
- Current Medications: Furosemide 20mg, 1/4 tab BID
- Abnormal PE/Chem/CBC/UA Results: BW WNL
- Primary Question to Be Answered in This Exam: Next steps?

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 | 4.22 | Underest | 2.46 | 2.15 | 48.01 | -- | 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 | 209 | 0.7 | ~1.0 | 2.9 | 3.5 | 3.27 | 1.7 |

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. There is eccentric left ventricular hypertrophy and left ventricular systolic function is reduced 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.



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ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease, ACVIM stage C
- Tricuspid regurgitation
- Severe left atrial enlargement
- Left ventricular systolic dysfunction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

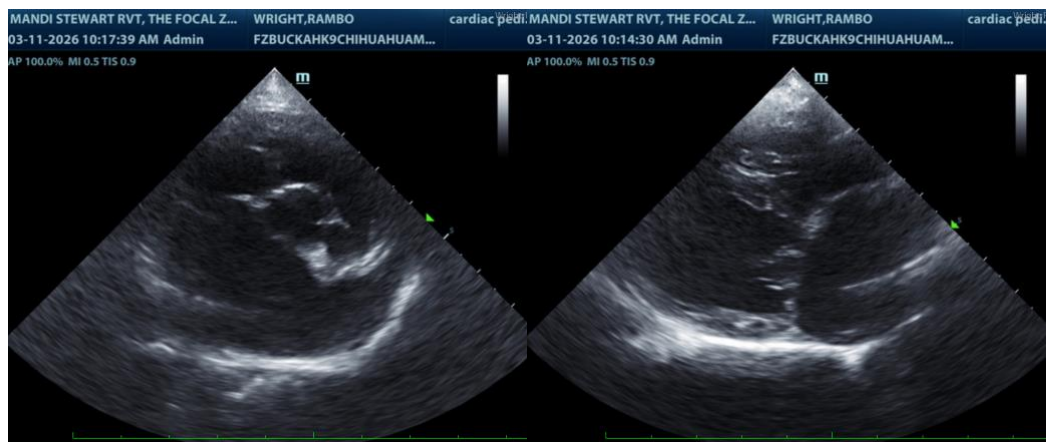
There are reported signs of congestive heart failure, and the patient has degenerative valve disease stage C. Furosemide and pimobendan therapy is recommended. Furosemide at a starting dose of 2mg/kg PO q12. Pimobendan therapy at a dose of 0.27-0.32mg/kg PO q12 is recommended. These will likely be lifelong 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.

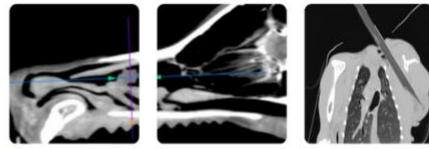
Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

Elective anesthetic procedures are not recommended at this time.

If the patient's clinical signs are well controlled on the current furosemide dose, the patient can remain at this dose.

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.





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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)

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