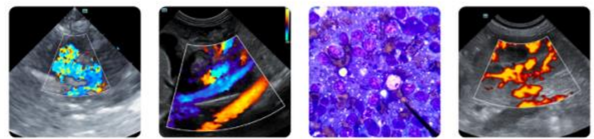


PATIENT

Teddy Jones

SPECIES

Canine

BREED

Yorkie Poo

SEX

Neutered Male

AGE

10 Years

WEIGHT

12 Pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Danielle Husted, DVM

INVOICE

36198

DATE

3/12/26

PRESENTING CLINICAL SIGNS

- Grade 5/6 heart murmur. History of stage B2 mitral valve endocardiosis
- P coughing - weighing contribution of heart disease vs tracheal collapse
- Pimobendan 2.5mg/ml - 0.5ml PO BID, Butorphanol PRN for cough, enalapril 2.5 mg/ml - 1 ml PO BID
- Abnormal PE/Chem/CBC/UA Results: Previous echo on page 18 of attached record

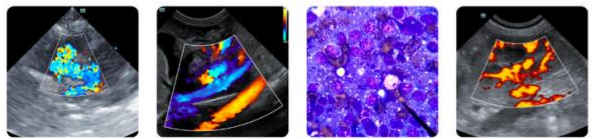
ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	5.66	~3.0	2.38	2.1	51.74	--	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	--	1.82	NM	5.45	3.78	2.86	1.38

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 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



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- Degenerative valve disease, ACVIM stage B-2
- Degeneration of the tricuspid valve without significant pulmonary hypertension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

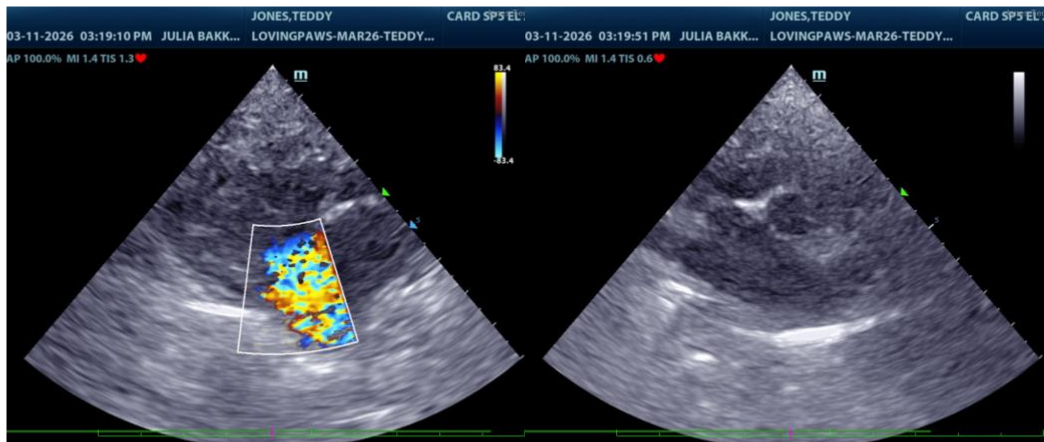
The patient has degenerative valve disease. There has been progression since the previous examination performed, primarily with the left atrial size. The patient is on a compounded Pimobendan; I would encourage switching to the brand name Vetmedin and can continue the liquid formulation of it.

I recommend obtaining chest radiographs to help decipher and ensure there's no evidence of cardiogenic pulmonary edema. To help with the coughing, I would consider discontinuing the butorphanol and adding in hydrocodone at a dose of 0.2 mg/kg twice daily, as long as there is no evidence of cardiogenic pulmonary edema.

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.

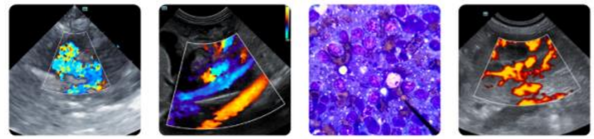
Recheck echo is recommended in 6 months, sooner if the patient's murmur is changing or developing other cardiovascular clinical signs.

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.



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.



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info@SonoPath.com