



PATIENT

Sally Rekow

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

10 Years

WEIGHT

50 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Julia Bakker DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. John Fifarek DVM

INVOICE

14026

DATE

03/03/26

PRESENTING CLINICAL SIGNS

- History of CHF treated with Lasix and Vetmedin. Patient presents for increased respiratory effort today, concern for CHF relapse.

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	5.55	2.34	2.6	1.85	28.4	--	0.15
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	NM	1.55	0.84	22.72	6.0	4.19	3.0

Cardiac Presentation

The rhythm appears irregular. The mitral valve leaflets are moderately thickened with severe mitral regurgitation posteriorly directed. There is billowing of the mitral valve leaflets. The left atrial size is severely increased. Left ventricular internal dimensions during diastole are increased and systolic function is low normal 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.

Chest Radiographs

There is severe left atrial enlargement. The pulmonary vascular tumor appears normal. There is no evidence of pulmonary edema. On the left lateral projection, over the area of the caudal vena cava, there is an increased rounded opacity that is not identified on the VD images provided. Recommend submission to a radiologist for further clarification of this region, just over the eighth rib on the left lateral.

ULTRASONOGRAPHIC FINDINGS



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- Degenerative valve disease stage C.
- Severe left atrial enlargement.
- Severe mitral regurgitation.
- Irregular rhythm.
- No active heart failure on the chest radiograph submitted, possible pulmonary lesion on left lateral image.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is described as having a previous episode of congestive heart failure, Furosemide and Pimobendan therapy is recommended. The Furosemide and Pimobendan doses that the patient is on are not provided, typically my standard doses are as follows; 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. The rhythm is irregular, and I strongly recommend obtaining an electrocardiogram to evaluate for any underlying arrhythmia. 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.

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It is recommended to consider switching to a grain-based commercial dog food diet made by Purina, Science Diet, or Royal Canin (if there is no history of a food allergy) since there is currently an association between cardiac changes (poor pumping function and dilation of the heart) and multiple grain free and limited ingredient diets. Current investigation is still underway, and the definitive causative factor has not been identified. A grain source including corn or barley should be seen on the dog food label. Substitutes for common grain sources such as peas, lentils and even rice have been implicated in cardiac dysfunction. Any diet change should be gradual by adding small amounts to the current diet first and then increasing the ratio of the new food gradually over two weeks to avoid gastrointestinal upset.

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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.

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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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Elective anesthetic procedures are not recommended at this time due to the patient's cardiac condition.

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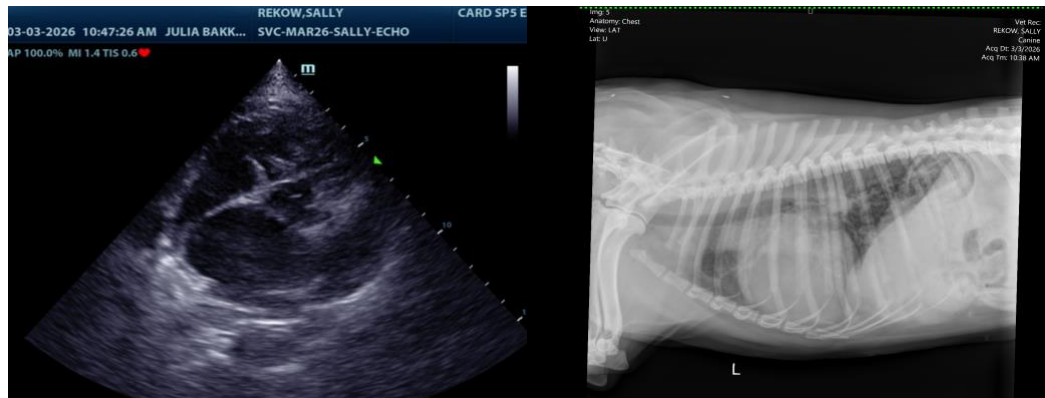
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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