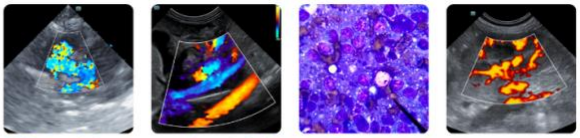

PATIENT

Victoria Kaiser

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Spayed Female

AGE

10 Years

WEIGHT

12.8 Pounds

INTERPRETED BY

Sara Brethel, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Poquette

INVOICE

36104

DATE

3/4/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: chronic KCS with pigmentation of corneas
- Is there a Heart Murmur? If so, please grade: 3-4/6 heart murmur
- Current Medications: Enalapril 5mg

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	6.56	1.97	--	1.75	38.77	--	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	NM	1.3	0.99	5.8	4.1	3.43	2.1

ECG Interpretation

Sinus rhythm

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 moderately increased. Left ventricular internal dimensions during diastole are increased and systolic function is low/normal to mildly decreased 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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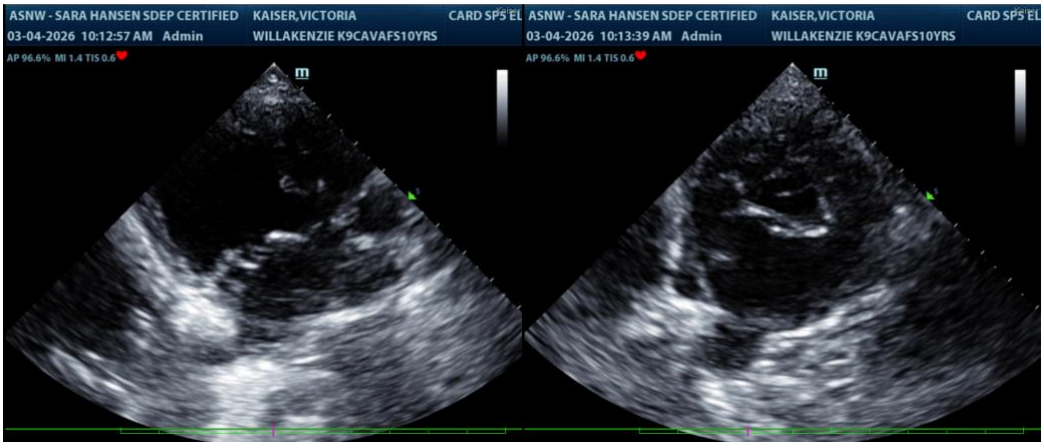
- Degenerative valve disease, ACVIM stage B-2
- Moderate left atrial enlargement
- Low/normal to mildly reduced left ventricular systolic function
- Mild degeneration of the tricuspid valve

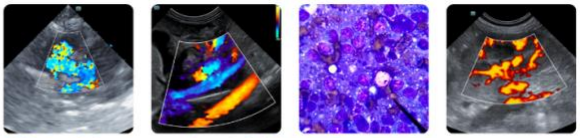
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has degenerative valve disease ACVIM stage B2 and pimobendan therapy at 0.27-0.32mg/kg PO q12 is recommended. This will be a lifelong therapy. A recheck echocardiogram is recommended in 4-6 months to monitor the condition since starting pimobendan. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. 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. Enalapril can be continued. The patient's dose should be 0.5 mg/kg twice daily. Therefore, 2.5 mg twice daily would be an appropriate dose for the patient.

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 cause of the patient's low/normal to mildly reduced systolic function is unknown. If the patient is eating a nontraditional grain free diet, I would recommend considering 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.





SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

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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