

PATIENT

Eddie Daniel

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

12 Years

WEIGHT

10 kg

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Brochu

INVOICE

36622

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: Developed a cough 4-5 months ago, does not seem like getting noticeably worse, non-productive, cough mostly while laying down (has woken O in middle of night) and in morning, * last cardiac US done in July 2024 with mild mitral and less tricuspid re-gurge, Heart murmur grade V/VI, PMI left side but also present right side, cranial abdomen distension.

Current Medications: Gabapentin 100mg -1cap SID

Abnormal PE/Chem/CBC/UA Results: See attached rads Right lateral radiograph: - hepatomegaly with liver margins extending to mid abdomen - heart enlarged at nearly 4 intercostal spaces and bulging rostru dorsally - trachea deviated dorsally - perivascular cuffing BW pending Primary Question to Be Answered in This Exam worsening heart disease? Cause for hepatomegaly?

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

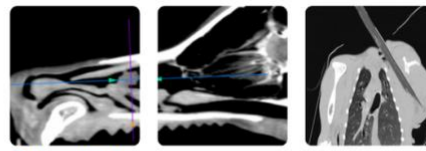
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	6.18	2.7	1.87	2.3	37.86	--	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA 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	122	2.14	0.98	10	3.9	3.38	2.1

Chest Radiographic Interpretation

There is evidence of severe left atrial enlargement. There does not appear to be evidence of active congestive heart failure based on the lateral projection provided.

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



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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

- Degenerative valve disease, ACVIM stage B-2
- Severe left atrial enlargement

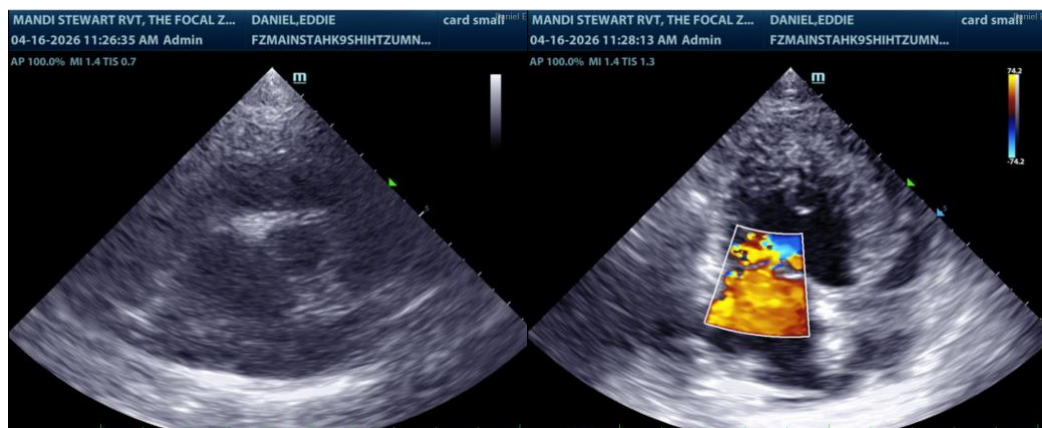
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

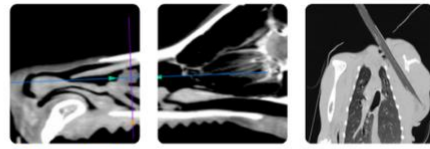
Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

The cause of the increased liver size is unknown and does not appear to be primarily cardiac.

Pending how the cough does with the addition of pimobendan, can also consider cough suppression with hydrocodone at a dose of 0.2 mg/kg twice daily.



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.



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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