

PATIENT

Chiquita Rodriguez

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

16.5 pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Animal General
 Hudson

REFERRING VET

Dr. Lang

INVOICE

15264

DATE

04/20/26

PRESENTING CLINICAL SIGNS

Recheck echo- pt has bouts of increased respiratory effort and sycopal episodes (once every two weeks). Patient on low salt diet.

Current medications - Furosemide 18.75 mg BID, Enapril 2.5 mg BID, Pimobendan 1.875 mg BID, Spironolactone 12.5mg BID, Fish Oil SID

Abnormal PE/Chem/CBC/UA Results: BUN 33, Creat 0.8 in Feb 2026

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

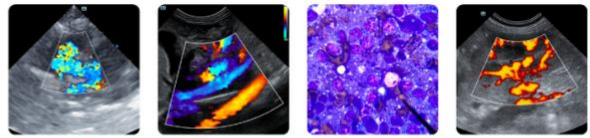
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	~5.0	3.54	3.02	3.07	52.77	--	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD 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	132	~1.0	~0.7	7.5	4.8	3.6	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. Left ventricular internal dimensions during diastole are increased and systolic function is preserved in the face of mitral regurgitation. There is mild right atrial enlargement with moderate to severe tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and moderate 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 insufficiency. There is mild to moderate aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion or intracardiac masses. There is scant pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease stage C.
- Severe left atrial enlargement.
- Scant pericardial effusion.



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- Mild right atrial enlargement.
- Tricuspid regurgitation with moderate pulmonary hypertension.
- Aortic insufficiency.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There has been progression since the previous evaluation. The severity of the pulmonary hypertension has remained roughly the same, however, the left atrial size and left ventricular eccentric hypertrophy is progressive. Left ventricular systolic function remains preserved. With the presence of scant pericardial effusion and the reported clinical signs, there's concern for congestive heart failure. I recommend obtaining three view chest radiographs.

The rhythm also appears irregular during components of the echocardiogram. An electrocardiogram is strongly recommended. I recommend optimizing the patient's Pimobendan, ensuring it is from the pharmacies, either Stokes versus Covetris for compounded or giving the patient brand name Vetmedin and increasing it to 2.5 mg twice daily.

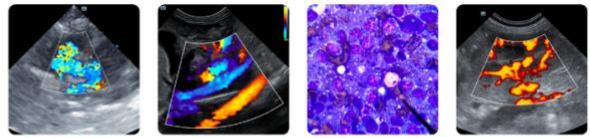
Pending the chest radiographs, would determine if diuretic therapy needs to be increased. Based upon the scant pericardial effusion, I would not increase diuretics solely based on that, especially if the patient's breathing rates and rest of the vitals are within normal limits, however, if there is any concern for congestive heart failure, a 20% increase is recommended.

Please note the patient is reaching ceiling effects of furosemide therapy. Due to the severity of the patient's condition, I would encourage referral to a veterinary cardiologist for continued management.

The cause of the collapse episodes may be secondary to the patient's underlying degenerative valve disease, however, the arrhythmia could also be contributing. If not moving forward with referral, pending chest radiographs, recheck echo in 3-4 months, sooner if the patient is decompensating.

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. If the patient has two or more collapse episodes in a day, emergent evaluation is recommended.

The patient is in Stage C mitral valve disease and I do not recommend sildenafil until pulmonary hypertension is categorized as severe.



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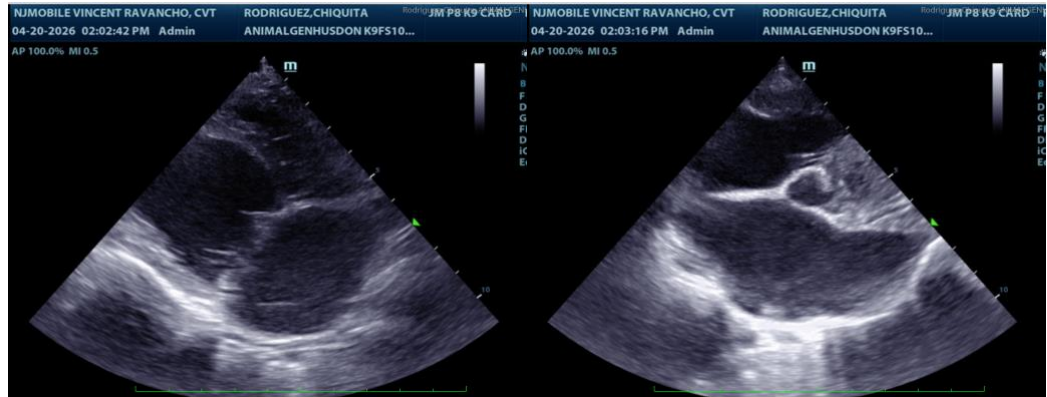
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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