



**PATIENT**

Fozzie Kinari

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

14.9 Pounds

**INTERPRETED BY**

Sara Brethel, DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Westmoreland AH

**REFERRING VET**

Dr. Sullivan

**INVOICE**

36861

**DATE**

4/28/26

**PRESENTING CLINICAL SIGNS**

History: Seen 4/15/26 for chronic cough progressively worsening over last 6 months. Harsh hacking cough consistent with collapsing trachea. Increased frequency when walking or moving. Decreased interest in activity. During PE: sensitive on tracheal palpation eliciting cough. Grade 4-5/6 systolic heart murmur ausculted with a palpable precordial thrill. Normal bronchovesicular sound in all lung fields.

ABNORMAL Labwork Values: no recent labs, most recent labs emailed. HR/RR/BP: HR=160, RR=50, BP=none taken. Is there a Heart Murmur? If so, please grade: yes, grade 4-5/6 systolic murmur with a palpable precordial thrill. Current Medications: vetmedin, apoquel, hydrocodone

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

<b>CANINE CARDIAC PARAMETERS</b>	<b>MR VMAX</b> (m/s)	<b>TR VMAX</b> (m/s)	<b>LA/AO</b> (M-Mode)	<b>LA/AO</b> (Heart Base; Swe)	<b>FS</b> (%)	<b>EF</b> (%)	<b>EPSS</b> (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
<b>PATIENT</b>	6.43	--	--	--	57.86	--	0.19
<b>CANINE CARDIAC PARAMETERS</b>	<b>HR</b> (BPM)	<b>AV VMAX</b> (m/s)	<b>PV MAX</b> (m/s)	<b>BODY WEIGHT</b> (kg)	<b>LAD</b> LA MAX 4 Chamber	<b>LVIDd</b> Avg; 2D and m-mode short axis (cm)	<b>LVIDs</b> Avg; 2D and m-mode short axis (cm)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6				
<b>PATIENT</b>	NM	1.31	1.2	6.77	4.0	3.56	1.5

**ECG Interpretation**

Sinus rhythm with an atrial premature complex.

**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 significantly enlarged primarily based on long axis assessment. 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 without 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



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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**

- Degenerative valve disease, stage B-2
- Significant left atrial enlargement
- Atrial premature complex

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

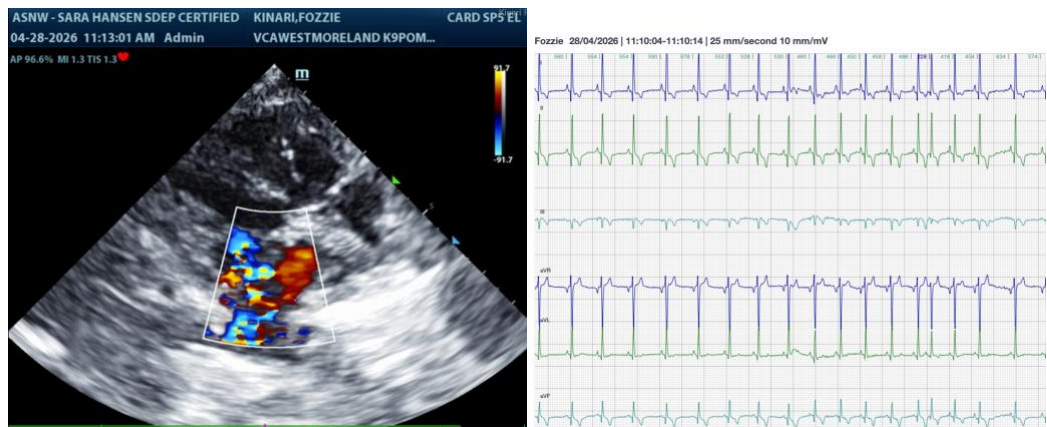
The patient has DVD stage B-2. Recommend ensuring the patient is on an optimal dose of Vetmedin and therapy at a dose of 0.27 - 0.32 mg per kg, twice daily. Hydrocodone, similarly, a dose of 0.2 mg/kg, 2 - 3 times daily, as needed for coughing.

With the change in cough, recommend obtaining chest radiographs to ensure there is no evidence of cardiogenic pulmonary edema. Although there are no B-lines and left atrial pressures do not appear increased based upon the images provided.

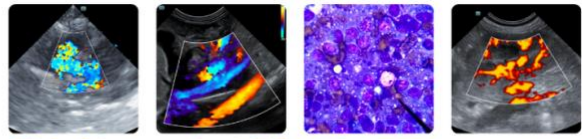
Other considerations for the cough, can try ensuring that no airway irritants are at home, that the patient's an optimal weight, utilizing a harness rather than a collar, using an air humidifier if the heat's still on, a cool mist humidifier for the warmer months, and an air purifier where the patient is.

Recheck echo is recommended in 6 months, sooner if decompensating.

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.**



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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)

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