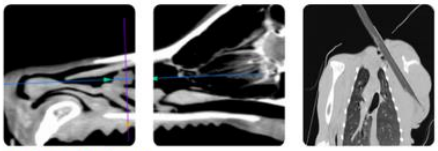

Teleradiology
Educational Teleconsultation Services™

PATIENT

Giggsy Young

SPECIES

Canine

BREED

Chi Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

5.4 kg

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Snelgrove Veterinary Services

REFERRING VET

Dr. McQueen

INVOICE

16070

DATE

05/11/26

PRESENTING CLINICAL SIGNS

Giggsy has had 2 episodes where they heard a thump and he was sitting and unable to use his back legs; for about 1 week after vaccines he was tired; he has had diarrhea for 3 weeks and not eating a lot but now seems to have more solid stool; today owner heard another thump and Giggsy was on his side with his head under the couch and hind legs seemed somewhat stiff. When she picked him up there was urine on the ground. Progressing murmur. Now Grade 3/6 pounding heart murmur and increased RR; pulses are thready. Current Medications: Nexgard and Vaccines given on April 16, 2026

Abnormal PE/Chem/CBC/UA Results: Bloodwork NAF Primary Question to Be Answered in This Exam Heart disease? ECG attached

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	5.94	3.45	2.42	2.62	49.43	--	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	164	2.1	1.32	5.4	3.67	3.56	1.8

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. Left atrial pressures appear increased. There is normal right atrial size with mild tricuspid regurgitation. There is **no** prolapse of the tricuspid valve leaflets and mild 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.

ECG

Sinus rhythm with isolated ventricular premature complex. Significant baseline artifact.

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ULTRASONOGRAPHIC FINDINGS

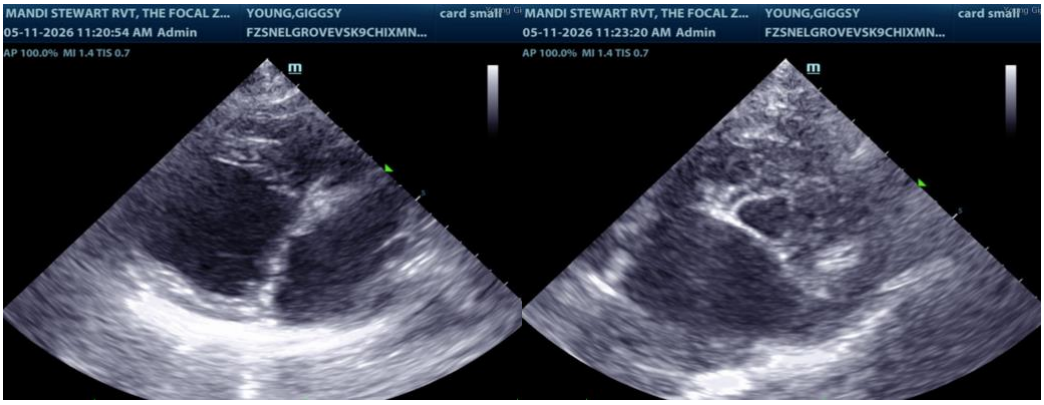
- Degenerative valve disease ACVIM stage B2.
- Severe left atrial enlargement.
- Mild tricuspid regurgitation with mild pulmonary hypertension (not clinically significant).
- VPC.

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.

The patient's collapse episodes may be secondary to the severity of the degenerative valve disease and the severity of the left atrial enlargement and decreased forward output with a history of elevated breathing rates. Chest radiographs are recommended. If the patient appears unstable, I recommend emergent evaluation. The VPC may be secondary to active congestive heart failure, may be secondary to the severity of the heart enlargement, and I would recommend optimizing the cardiac disease. If the arrhythmia remains, additional options include considering a Holter monitor and looking for other reasons for VPCs.

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. If the patient has tumor collapse episodes in a day, that's an emergency, an emergent evaluation would be indicated.



The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND

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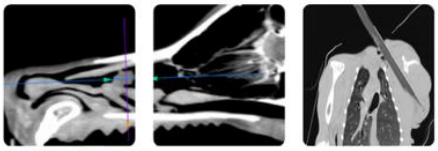

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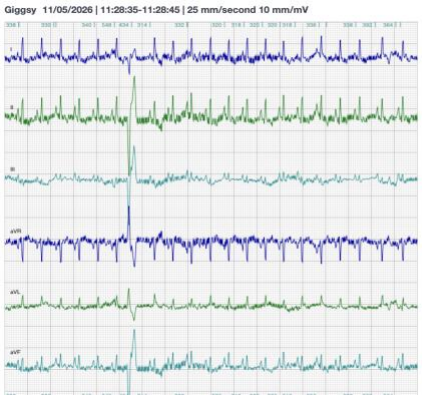

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com