The Focal Zone
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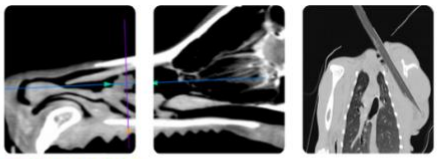

Teleradiology
Educational Teleconsultation Services™

PATIENT

Charlotte Leuszler

SPECIES

Canine

BREED

Cocker Spaniel Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

7.3 kg

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Oxford County Veterinary Clinic

REFERRING VET

Dr. Andratis

INVOICE

15798

DATE

05/05/26

PRESENTING CLINICAL SIGNS

Heart murmur diagnosed 6/23/23- grade 3, 5/27/24 - grade 4. 4/14/26- grade 5, now syncope. Current Medications: Gaba for sedation prior to echo.

Abnormal PE/Chem/CBC/UA Results: RBC 5.7 5.8 - 8.9 x10^12/L with reticulocytosis and HCT is normal ALP 580 5 - 160 U/L elevated - (e-mailed panel) Radiographic Findings no radiographs done. Primary Question to Be Answered in This Exam last couple of weeks when super excited (see's a squirrel or rabbit) she will pass for 2 seconds completely fall over, when she comes back out of it she is completely normal. It does not happen all the time. O knows she has a heart murmur. Still eating and drinking, playing and cuddling, no V/D, O said they are monitoring her very closely. time for medications?

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	5.83	3.32	2.8	2.97	48.32	NM	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	217	1.85	1.15	7.3	4.8	4.16	2.15

Cardiac Presentation ECG

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 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 or intracardiac masses. Scant pericardial effusion is present.

ECG

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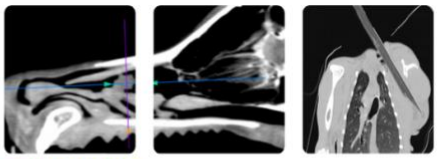

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There is significant baseline artifact. Lead 1 is the only lead able to be interpreted for the part of the ECG provided. From what is visible, the rhythm is sinus.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease.
- Severe left atrial enlargement.
- Scant pericardial effusion.
- Mild tricuspid regurgitation without evidence of significant pulmonary hypertension.
- Collapse episodes.

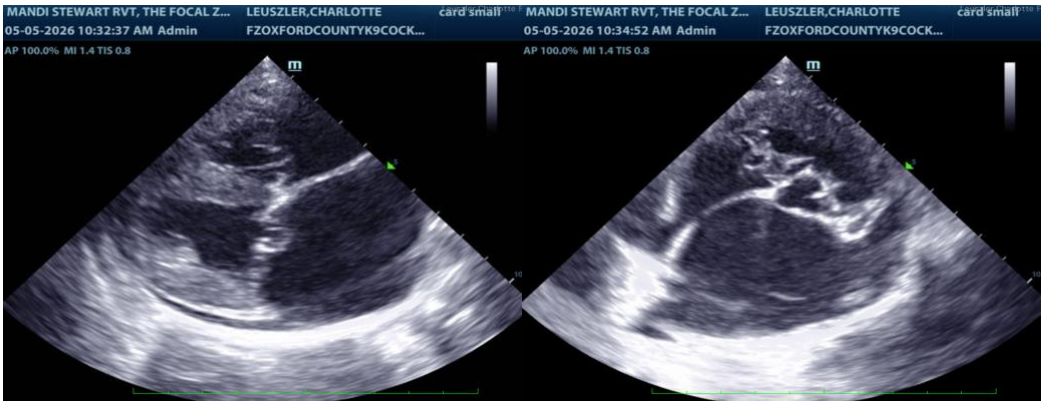
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

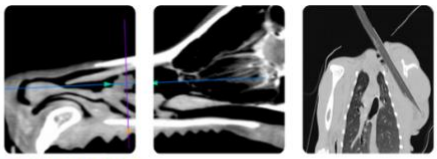
The patient has degenerative valve disease ACVIM stage B2 and Pimobendan therapy at 0.27-0.32mg/kg PO q12 is recommended. This will be a lifelong therapy. A recheck echocardiogram is recommended in 4-6 months to monitor the condition since starting Pimobendan. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity. Given the history of collapse episodes, chest radiographs are indicated to evaluate for any pulmonary edema. While left atrial pressures do not appear increased based upon mitral regurgitant velocities, cardiogenic pulmonary edema cannot be ruled out especially in the presence of scant pericardial effusion. As long as there is no cardiogenic pulmonary edema, diuretic therapy is not indicated at this time, and the patient may be able to be controlled with Pimobendan therapy alone at this time.

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.

Elective anesthetic procedures are not recommended due to the severity of the patient's condition. If the collapse episodes persist despite starting Pimobendan and chest radiographs are clear, a component of forward output failure cannot be ruled out. An additional re-evaluation may be needed.

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.





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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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