

PATIENT

Romeo Regina

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

12 Years 6 Months

WEIGHT

13.8 lbs

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Cummings Veterinary
 Hospital

REFERRING VET

Dr. Clifford Cummings

INVOICE

15799

DATE

05/05/26

PRESENTING CLINICAL SIGNS

BCS 3/9. Grade 4/6 mitral murmur, last echo 9/5/2024. (3 rads attached for reference). Scheduled for COHAT/Mass removal. Current Medications: Vetmedin, Lasix, Benazepril and Apoquel.

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	~6.0	2.4	1.97	2.08	39.1	--	0.16
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	117	1.35	0.76	6.27	3.89	3.12	1.9

Cardiac Presentation

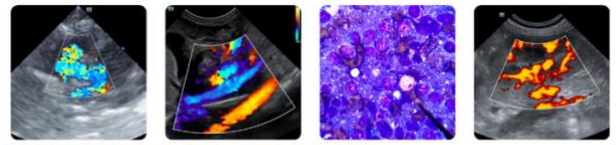
The mitral valve leaflets are moderately thickened with moderate mitral regurgitation posteriorly directed. There is moderate prolapse of the mitral valve leaflets. The left atrial size is severely increased. Left ventricular internal dimensions during diastole are increased and systolic function is 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 corresponding outflow velocities are within normal limits. There is no evidence of pulmonic insufficiency. There is trace 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.

Chest Radiographs

There is severe left atrial enlargement with no evidence of active cardiogenic pulmonary edema.

ULTRASONOGRAPHIC FINDINGS

- Degenerative valve disease ACVIM stage C.
- Severe left atrial enlargement.
- Mild tricuspid regurgitation without evidence of significant pulmonary hypertension.
- Trace aortic insufficiency.



PATIENT

Romeo Regina

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

12 Years 6 Months

WEIGHT

13.8 lbs

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Cummings Veterinary
 Hospital

REFERRING VET

Dr. Clifford Cummings

INVOICE

15799

DATE

05/05/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is on diuretic therapy. Therefore, it is presumed that the patient has had an episode previously of active congestive heart failure. There's also severe left atrial enlargement. With having had an episode of heart failure, the patient is classified as degenerative valve disease stage C.

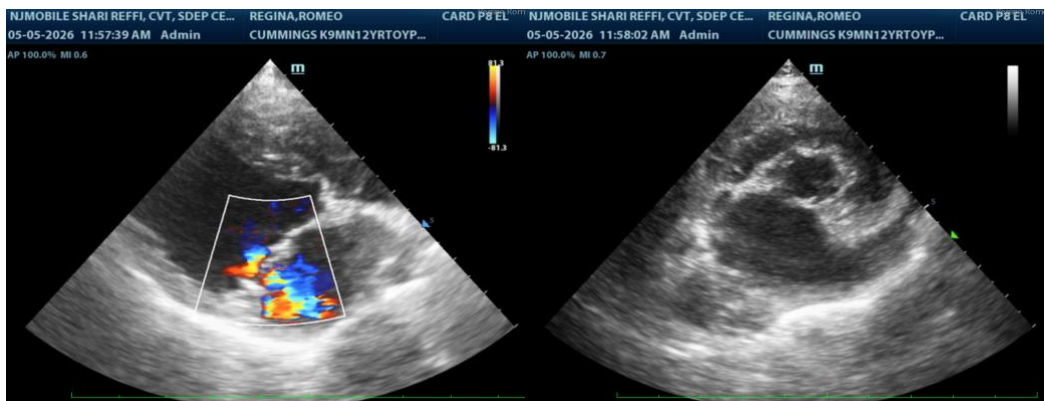
Elective anesthetic procedures are typically not recommended for patients with a severity of cardiac disease. However, if anesthesia is needed, recommend holding Benazepril the morning of the procedure, giving the patient Vetmedin and Furosemide therapy as scheduled, being judicious with perioperative fluids and close monitoring of breathing rates. Post-operative fluids are not recommended. Judicious perioperative fluids are recommended due to the increased left atrial size. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. If needed, anticholinergics can be used in the face of a clinically significant bradyarrhythmia (i.e., bradycardia with concurrent hypotension). If the patient is on an ACEi, recommend not giving this therapy the day of anesthesia.

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.

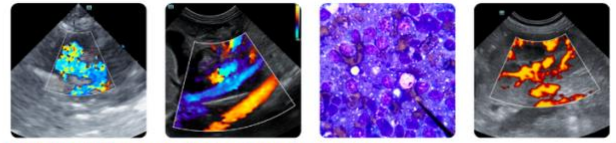
Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

Full blood work should be performed prior to the procedure to ensure the kidney values and electrolytes are appropriate. And then after the procedure, I would also recommend the addition of Spironolactone and a dose of 2.0 mg/kg once daily to help with aldosterone antagonism and long-term scarring and fibrosis.

A recheck echo is recommended in four to six months, sooner if the patient is decompensating.



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



PATIENT

Romeo Regina

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

12 Years 6 Months

WEIGHT

13.8 lbs

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Shari Reffi CVT

HOSPITAL NAME

Cummings Veterinary
Hospital

REFERRING VET

Dr. Clifford Cummings

INVOICE

15799

DATE

05/05/26

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