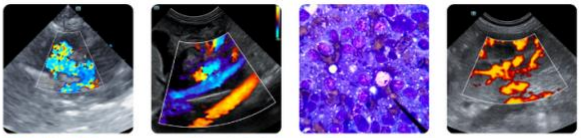

PATIENT

Jax Budzinski

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

12 Years 5 Months

WEIGHT

12.6 Pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Packanack AH

REFERRING VET

Dr. Mahoney

INVOICE

37427

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: CHF -> managed at another AH. Meds: Furosemide 12.5 mg BID, Metoclopramide 5 mg 1/2 SID, Librela monthly, Famotidine 5 mg 1/2 SID, Vetmedin 12.5 mg BID, Enalapril 2.5 mg 1 BID.

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	5.52	--	1.73	2.13	44.12	--	0.11
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	149	1.07	NM	5.72	3.68	3.4	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 with evidence of at least a partial chordal rupture. 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 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 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, ACVIM stage C
- Suspect partial chordal rupture of the mitral valve
- Severe left atrial enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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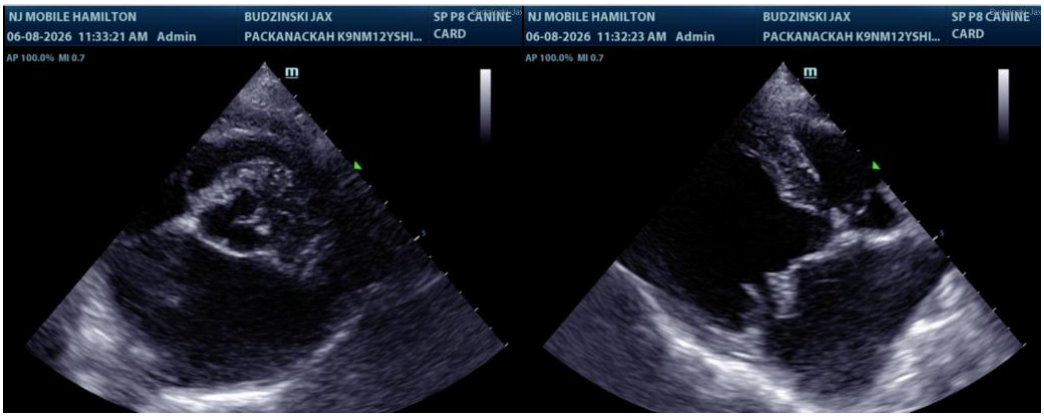
There are reported signs of congestive heart failure, and the patient has degenerative valve disease stage C. Furosemide and pimobendan therapy is recommended. Furosemide at a starting dose of 2mg/kg PO q12. Pimobendan therapy at a dose of 0.27-0.32mg/kg PO q12 is recommended. These will likely be lifelong therapies. Recheck chest radiographs is recommended in 7-10 days along with blood work and a blood pressure. As long as the patient is eating well and the kidney values are normal, can continue the current enalapril dose. I would also recommend starting spironolactone at a dose of 2.0 mg/kg once daily; this is for aldosterone antagonism. If the patient is doing well, a recheck echocardiogram is recommended in 4-6 months. Blood work to assess these patients is recommended every 4-6 months.

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 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.

Note the patient's Vetmedin dose is listed as 12.5 mg twice daily. I am assuming that it is 1.25 mg twice daily. If the patient is receiving 12.5 mg, I would recommend reducing it to 1.25 mg twice daily.

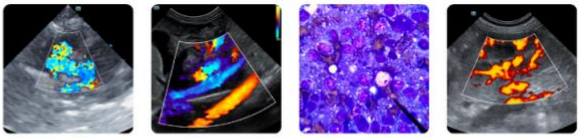


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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