



Today's Date: 2025-04-13

Date of Study: 2025-04-11

Referring Veterinarian: Bloomberg

Number of Images Obtained: 70. Good quality.

Patient Identification: [REDACTED]

Patient Signalment: [REDACTED], 13yr 4mo, female spayed, poodle, 4.45 kg

Patient History (TPR and Weight obtained at Clinic):

Reason for echocardiogram: recheck echocardiogram; recent increase in coughing. Previous echocardiogram performed 6/14/23 diagnosed Stage B1 mitral and tricuspid valve degeneration; see attached report for details.

Today owner reports: since the previous echocardiogram patient has been on enalapril and was doing well. Coughing had decreased significantly until 4/9/25 when patient started coughing frequently. Last night patient was coughing non stop for 20 minutes. Owner noted patient was exposed to moth balls and Lysol on Wednesday (she smelled them but didn't ingest any); however, owner thinks the coughing started before this. She sleeps a lot but her energy was normal until Wednesday and is now somewhat decreased. Decreased appetite. Normal respiratory rate and effort at home. Taken to primary veterinarian 4/9/25.

Physical examination: Heart: Normal Normal sinus rhythm, no murmur, strong and synchronous pulses bilaterally.

Radiographs performed: Heart-normal; Lungs- no abnormalities seen. Radiographs attached.

Treated with Convenia injection and Dexamethasone injection. Prescribed Prednisone. Blood pressure performed today (systolic via doppler): 138 mmHg. Does patient have any upcoming procedures/anesthesia? not immediately, but please provide anesthesia recommendations.

Diet: Fresh Pet.

Current medications: enalapril 2.5mg BID, Prednisone 5mg tablets: Give 1/2 a tablet by mouth every 12 hours for 7 days (started 4/10/25).

Indirect Blood Pressure: systolic via doppler: 138 mmHg.

Current Medications: enalapril 2.5mg BID, Prednisone 5mg tablets: Give 1/2 a tablet by mouth every 12 hours for 7 days (started 4/10/25).

Radiographic Findings: Report is limited to intrathoracic structures. The cardiac silhouette appears normal in size and shape. The lobar pulmonary vessels appear normal. A mild diffuse bronchointerstitial lung pattern is noted. No pleural effusion is observed.

Echocardiographic Findings: The left atrium is normal in size. The left ventricle is normal in size with normal wall thickness and preserved systolic function. There is mild diastolic dysfunction (impaired relaxation) and estimated filling pressures are normal. The right atrium and ventricles are normal in size subjectively. The mitral valve is thickened with regurgitation noted. The tricuspid valve is mildly thickened with regurgitation noted. The aortic valve appeared normal with no regurgitation noted. The left ventricular outflow tract velocities are normal. The pulmonic valve appeared normal with mild low velocity regurgitation noted. The right ventricular outflow tract velocities are normal. The aortic root, main pulmonary artery, and right pulmonary artery branch appeared normal. No pericardial effusion is present. No intracardiac masses were noted.

Electrocardiographic Findings: Sinus arrhythmia with an average heart rate of 100 bpm.

Clinical Assessment: Findings are consistent with degenerative valve disease without secondary cardiac enlargement and remains ACVIM stage B1. The risk of heart failure is considered low. The cough is not considered cardiogenic in nature. Progression of degenerative valve disease is highly variable with some dogs progressing slowly and others experiencing more rapid progression. Therefore, periodic rechecks are advised.

Therapy with enalapril can be continued as prescribed if it is being tolerated.

For anesthesia, I recommend avoiding the use of alpha 2 agonists and ketamine like agents. Instead, I recommend a balanced anesthetic protocol consisting of an opioid premedication +/- a benzodiazepine, induction with propofol or alfaxalone, and maintenance with iso or sevoflurane. Routine monitoring including ECG, pulse oximetry, capnography, and blood pressure are recommended throughout the procedure. Standard surgical rates of fluids should be tolerated, however, if blood pressure is normal and maintained, it may be beneficial to reduce rate by half to lower risk of fluid overload.

Recommend with-holding the use of any ACE inhibitor the morning of any planned anesthesia to reduce the risk of exacerbating anesthesia induced hypotension.

Follow-up Recommendations: Recommend a recheck echocardiogram and blood pressure in 1 year to monitor disease progression.

ANATOMIC		DOPPLER	
LA DIAM	1.917 cm	RVOT VEL	0.815 m/s
IVSd	0.703 cm	PI VEL	1.311 m/s
LVIDd	2.131 cm	LVOT VEL	0.988 m/s
LVPWd	0.633 cm	MV E	0.501 m/s
LVIDs	0.989 cm	MV A	0.679 m/s
Ao DIAM	1.102 cm	TV E	0.240 m/s
LA DIAM	1.424 cm	TV A	0.583 m/s
LV FS% 2D SAX	53.592 %	LVOT VEL Max PG	3.907 mmHg
LV EF% 2D SAX CUBED	90.005 %	RVOT VEL Max PG	2.659 mmHg
LA/Ao 2D SAX	1.292	PI VEL Max PG	6.876 mmHg
LVIDd 2D SAX	1.329	MV E PG	1.003 mmHg
LVIDd 2DSAX/AoD	1.237	MV A PG	1.847 mmHg
LVIDs 2D SAX	1.187	MV E/MV A Ratio	0.737
LVIDs 2DSAX/AoD	1.077	TV E PG	0.230 mmHg
N FS% 2DSAX	6.692 %	TV A PG	1.361 mmHg
N LAD 2DLAX	1.209	TV E/TV A Ratio	0.411

Sincerely,

Stacey Leach, DVM, MS, DACVIM (Cardiology)

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