



PATIENT

Jessie Mansfield

SPECIES

Canine

BREED

Newfoundland

SEX

Spayed Female

AGE

10 Years

WEIGHT

150 Pounds

INTERPRETED BY

Camden Rouben, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

South Willamette VC

REFERRING VET

Dr. Willaman

INVOICE

35181

DATE

1/2/26

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: collapse episodes, irregular heartbeat, acute moist dermatitis, dermal crusts, boney enlargement of elbows, rear limb weakness. Brief EKG performed - irregularly irregular rhythm with undulating baseline, lack of P waves. Rate - 111-190bpm atrial fibrillation suspected ABNORMAL Labwork Values no labwork For ECHO Only: Blood Pressure not done, can be done at time of echo HR/RR/BP: HR=11-190, irregular/ RR=30 Is there a Heart Murmur? If so, please grade. no Current Medications clindamycin for pyoderma Radiographic Findings thoracic radiographs scheduled for today 1/2/2026. Will email when completed.

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	3.3	--	1.08	1.1	22.3	44.3	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	--	--	1.36	68.1	5.82	5.73	4.45

Cardiac Presentation

Based on the images provided, the mitral valve leaflets are mildly thickened with mild mitral regurgitation not visualized on the echocardiogram. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular internal dimensions during diastole and systole measure at the high end of normal to equivocally distended, especially in the face of mitral regurgitation. There is normal right atrial size with trace tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets. 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. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Based on the images provided, it is concerning that this patient has borderline dilated cardiomyopathy phenotype.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

At the very least, pimobendan at a dose of 0.25-0.3 mg/kg, by mouth, every 12 hours, should be started. The use of an ace inhibitor should also be considered. This will likely be lifelong therapy.

This patient should be referred to a veterinary cardiologist to assess more specific systolic function with echocardiogram. A 6 and 12 lead ECG should be performed in this patient, followed by a 24 hour Holter monitor.

A recheck echocardiogram is recommended in 4-6 months to monitor the condition since starting pimobendan and enalapril. A sooner recheck is recommended if the patient develops worsening cardiovascular clinical signs.

The clients 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 thoracic radiographs are recommended.

A blood pressure assessment should be performed in this patient.

Elective anesthetic procedures should not be performed in this patient until more information is noted about the patient's cardiac status and ECG status. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics should not be used in this patient until an ECG is definitively performed.



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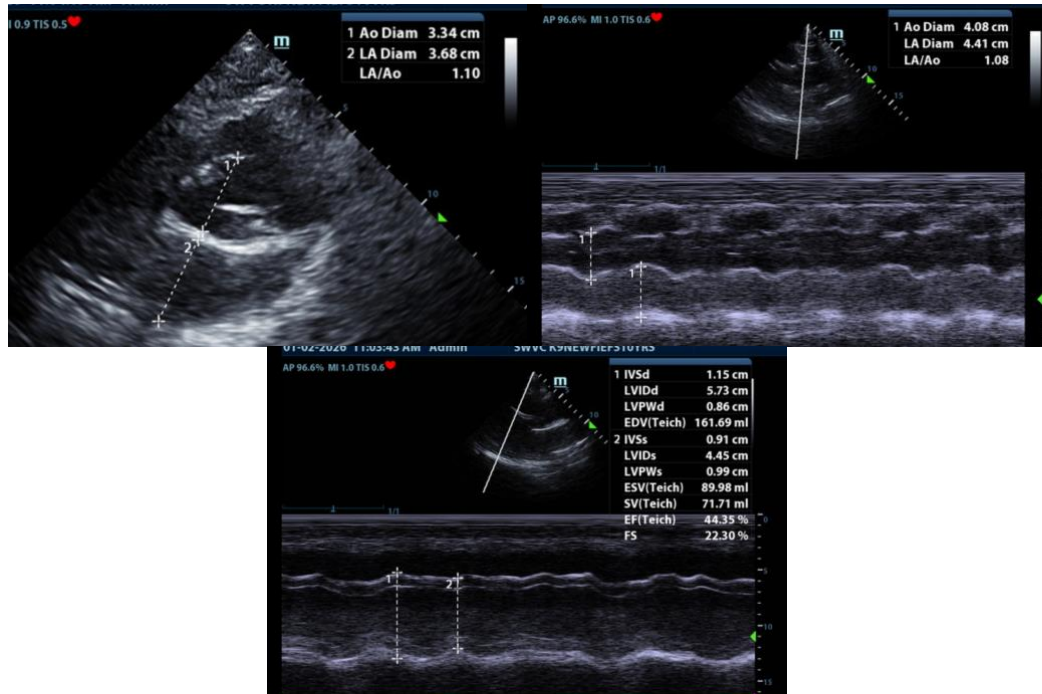
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Camden Rouben DVM, DACVIM (Cardiology)

info@SonoPath.com