



PATIENT

Sparky Mastrandrea

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

6.52 kg

INTERPRETED BY

Camden Rouben, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Romero

HOSPITAL NAME

Fort Collins VEH

REFERRING VET

Raintree AH

INVOICE

35624

DATE

1/30/26

PRESENTING CLINICAL SIGNS

- Newly heard heart murmur and history of a goose honk cough for the last 2 months
- History of right otitis media based on CT and MRI with vestibular symptoms and focal facial seizures. On levetiracetam.
- Abnormal PE/Chem/CBC/UA Results: Grade III/VI left sided systolic heart murmur, blood pressure 169/124, mean 138 average of three readings.

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	--	--	1.32	1.1	44.4	77.32	0.25
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	--	0.8	0.52	6.52	--	2.92	1.62

Cardiac Presentation

Based on the images provided, the mitral valve leaflets are moderately thickened with mild mitral regurgitation. There is mild prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular internal dimensions during diastole are mildly distended 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 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 B-1 affecting the mitral valve.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

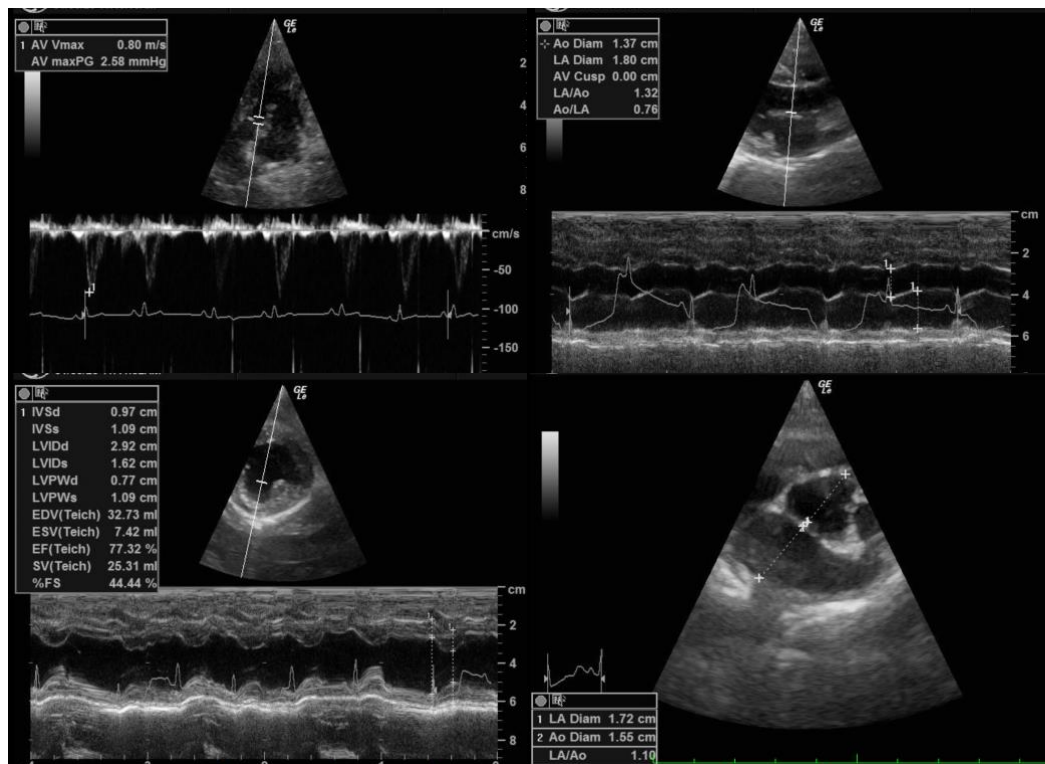
No cardiac medications are indicated at this time. Since this can be a progressive condition, serial monitoring is recommended. A recheck echocardiogram is recommended in 6 months. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur is worsening in intensity.

Activity restriction is not warranted in this patient.

If not already doing so, this client should start monitoring resting respiratory rate and effort at home. 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 continued to be checked every time an echocardiogram is performed.

Elective anesthetic procedures should be well tolerated. Standard perioperative fluid rates should be well-tolerated. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is also best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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