



PATIENT

Katy Burgess

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

14.5 pounds

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Liz Berndt

HOSPITAL NAME

College Park Animal
Hospital- VetCor

REFERRING VET

Dr. Liz Berndt

INVOICE

12121

DATE

11/06/25

PRESENTING CLINICAL SIGNS

Hx of periodontal disease with extractions needed. Has grade 3/6 murmur. Performed echo to see if she is okay to undergo anesthesia for dental procedure.

Abnormal PE/Chem/CBC/UA Results: NSF

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	--	--	NM	1.16	36.82	--	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	--	1.0	0.4	6.6	--	2.2	1.39

Cardiac Presentation

Based off the images provided, the mitral valve leaflets are mildly thickened with mild mitral regurgitation. No prolapse of the mitral valve leaflets. The left atrial size was normal. The left ventricular internal dimensions during diastole and systole are within normal limits. There is normal right atrial size without significant tricuspid regurgitation. No evidence of pulmonary hypertension. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology. The corresponding outflow velocities are within normal limits. There is no evidence of aortic insufficiency. There is evidence of trace pulmonic 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

- Based on the images provided, the patient has degenerative valve disease ACVIM stage B1.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cardiac medications are indicated at this time. Since this could be a progressive condition, serial monitoring is recommended. A recheck echocardiogram is recommended in 10-12 months. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur worsens in intensity. Elective anesthetic procedures should be well tolerated. If not already done, this



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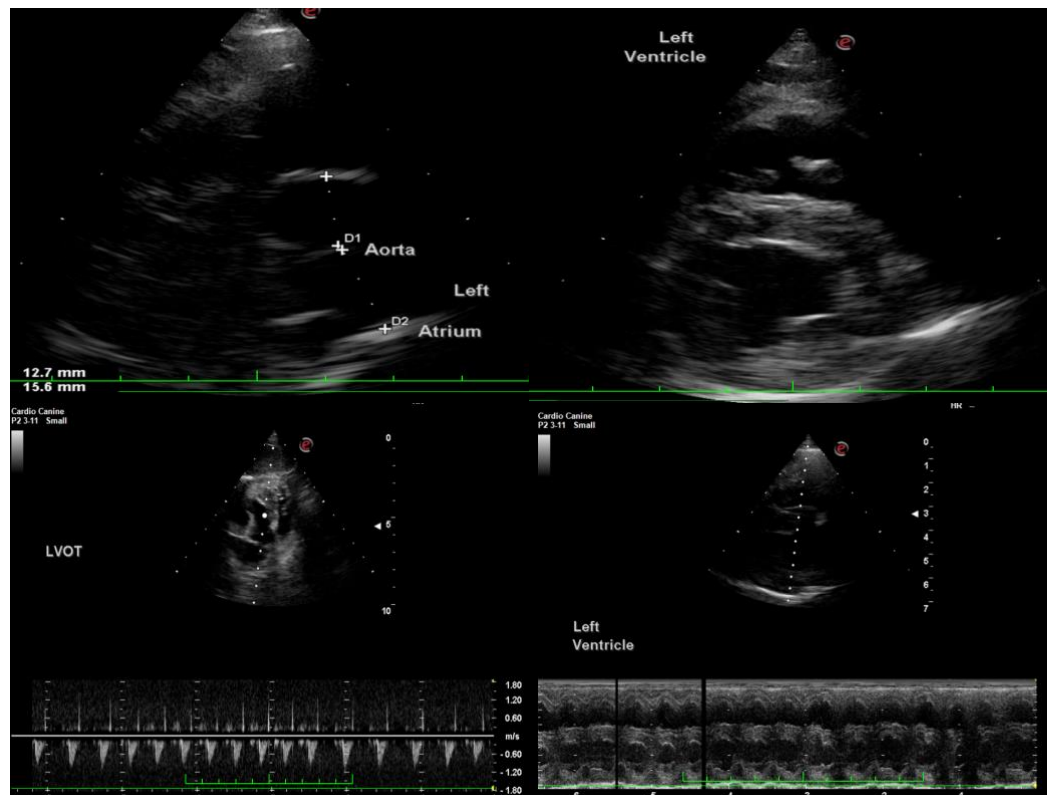
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patient's blood pressure should be obtained to make sure that it is less than 160 mm of mercury systolic. An EKG should also be performed in this patient.

Activity restriction is not warranted in this patient. 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 face 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 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