



PATIENT

Rocky Cabrera

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

13 Years

WEIGHT

31 pounds

INTERPRETED BY

Camden Rouben,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Miguel Fernandez

INVOICE

12152

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Presented as a referral for an echocardiogram to evaluate a heart murmur. Patient presented to rDVM with new murmur not previously auscultated at yearly 2 yrs ago. Suspect Grade I-II/VI. PT is not clinical.

Abnormal PE/Chem/CBC/UA Results: PE: Grade I-II/VI Systolic HM

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	3.2	1.66	NM	1.24	--	--	2.2 mm
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	71	--	0.84	14.0	30 mm	35.5 mm	20.9 mm

Cardiac Presentation

The mitral valve leaflets are mildly thickened with mild mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. The left ventricular internal dimensions during diastole are equivocally distended. The systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with mild tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets. There is no significant evidence of pulmonary hypertension. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities appear to be 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

- Based off the images provided, the patient has degenerative valve disease affecting the mitral valve, ACVIM stage B1.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cardiac medications are indicated at this time. Since this can be a progressive condition, serial



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monitoring is recommended. A recheck echocardiogram is recommended in 10-12 months. Activity restriction is not warranted. A sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur worsens in intensity.

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Elective anesthetic procedures should be well tolerated. If not already acquired, a blood pressure assessment should be performed in this patient. Standard perioperative fluid rates should be well tolerated. Medications like alpha 2 agonists and Ketamine are best avoided. Anticholinergics can be used in the case of a clinically significant bradyarrhythmia.

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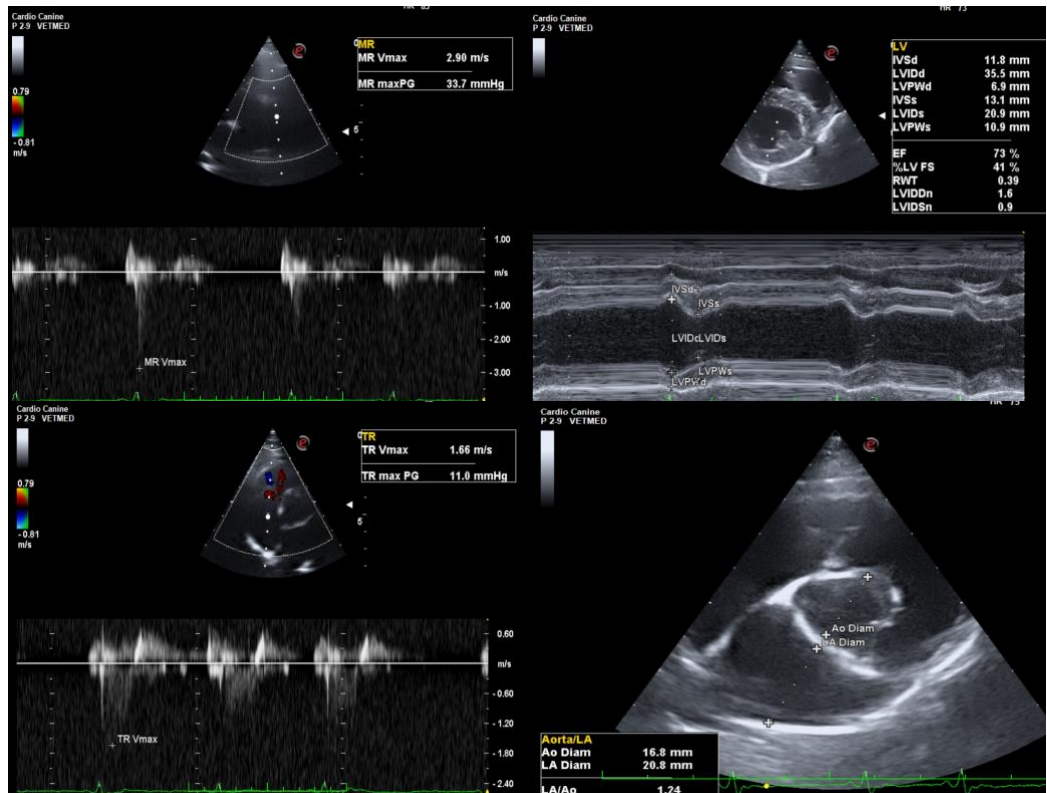
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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