

**PATIENT**

Max Clements

**SPECIES**

Canine

**BREED**

French Brittany

**SEX**

Neutered Male

**AGE**

7 Years 4 Months

**WEIGHT**

35.6 pounds

**INTERPRETED BY**

Camden Rouben DVM,  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Midway Animal Clinic

**REFERRING VET**

Dr. Lakey

**INVOICE**

13718

**DATE**

02/12/26

**PRESENTING CLINICAL SIGNS**

- P presented for echo due to new murmur heard on exam- p nonclinical, Owner requested abd due to p not gaining weight, possible concern for PLE

**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	4.7	2.32	NM	1.43	34.88	64.75	0.33
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	114	1.92	1.46	16.18	3.5	3.94	2.56

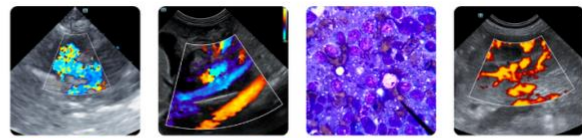
**Cardiac Presentation**

The mitral valve leaflets are mildly thickened with moderate mitral regurgitation posteriorly directed. There is a mild prolapse of the mitral valve leaflets. Left atrial size is normal. The left ventricular internal dimensions during diastole are mildly distended and the systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with very mild tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no significant evidence of pulmonary hypertension based off of the tricuspid regurgitation 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 fusion, or intracardiac masses based off of the images provided.

**ECG**

The electrocardiogram notes a regularly irregular rhythm. The heart rate ranges from 93 to 111. There is a P for every QRS and a QRS for every P. This ECG is most consistent and suggestive of a sinus arrhythmia.

**ULTRASONOGRAPHIC FINDINGS**



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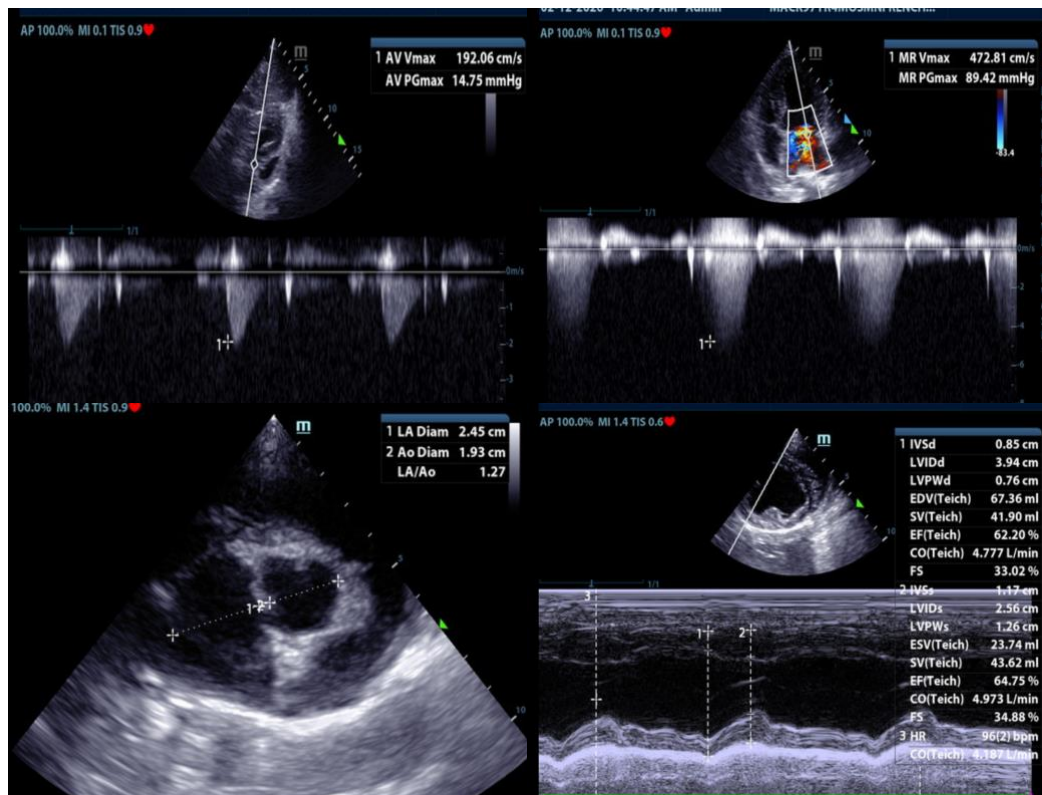
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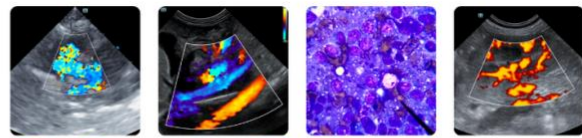
- Based off the images provided, the patient has degenerative valve disease ACVIM stage B1 affecting the mitral and tricuspid valves.

**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. Activity restriction is not warranted in this patient. A recheck echocardiogram is recommended in six 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 so, a blood pressure should be assessed in this patient to ensure it's not hypertensive. 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.





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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](mailto:info@SonoPath.com)