



## PATIENT

Earl Bracero

## SPECIES

Canine

## BREED

Boxer

## SEX

Neutered Male

## AGE

3 Years

## WEIGHT

33 kg

## INTERPRETED BY

Camden Rouben,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Dr. Haley  
Harasimowicz

## HOSPITAL NAME

Peak Veterinary  
Referral Center

## REFERRING VET

Dr. Haley  
Harasimowicz

## INVOICE

13738

## DATE

02/13/26

## PRESENTING CLINICAL SIGNS

- Chronic Grade II/VI left sided systolic murmur (short, high pitch noted to murmur). BAR and clinically doing well currently. Single episode of hind limb collapse while playing in the yard 3 months ago. P went out to play and came back a few minutes later dragging hind end (appeared non-painful). Was back to normal within a couple of minutes.

Abnormal PE/Chem/CBC/UA Results: An arrhythmia has never been heard on physical exam and previous EKGs have shown a normal sinus rhythm to sinus arrhythmia. Blood Pressure today following torb (p relaxed, #5 cuff on LH in right lateral recumbency): Average of 163/99 (MAP of 90) Recent CBC/Chem WNL ProBNP: 366 4Dx Negative Thoracic radiographs: Normal cardiac silhouette and pulmonary vasculature, pulmonary parenchyma WNL. Radiologist reported normal thorax.

## 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	1.48	31.8	--	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	77	1.6	0.7	33 kg	3.85	4.43	3.02

## Cardiac Presentation

Based off of the images provided, the mitral valve leaflets are subjectively thickened. There is trace mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. The left ventricular systolic function and diastolic function is within normal limits. There's normal right atrial size without evidence of tricuspid regurgitation. There's 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 trace pulmonic insufficiency. There is no evidence of aortic insufficiency. The aorta appears normal. The pulmonary aorta and associated branches appear normal. There's no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

## ULTRASONOGRAPHIC FINDINGS



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- If this truly is a chronic heart murmur, it would be concerning that this patient has congenital mitral valve dysplasia. If it is not chronic, then degenerative valve disease ACVIM stage B1 is more likely. It is very mild at this point in time.

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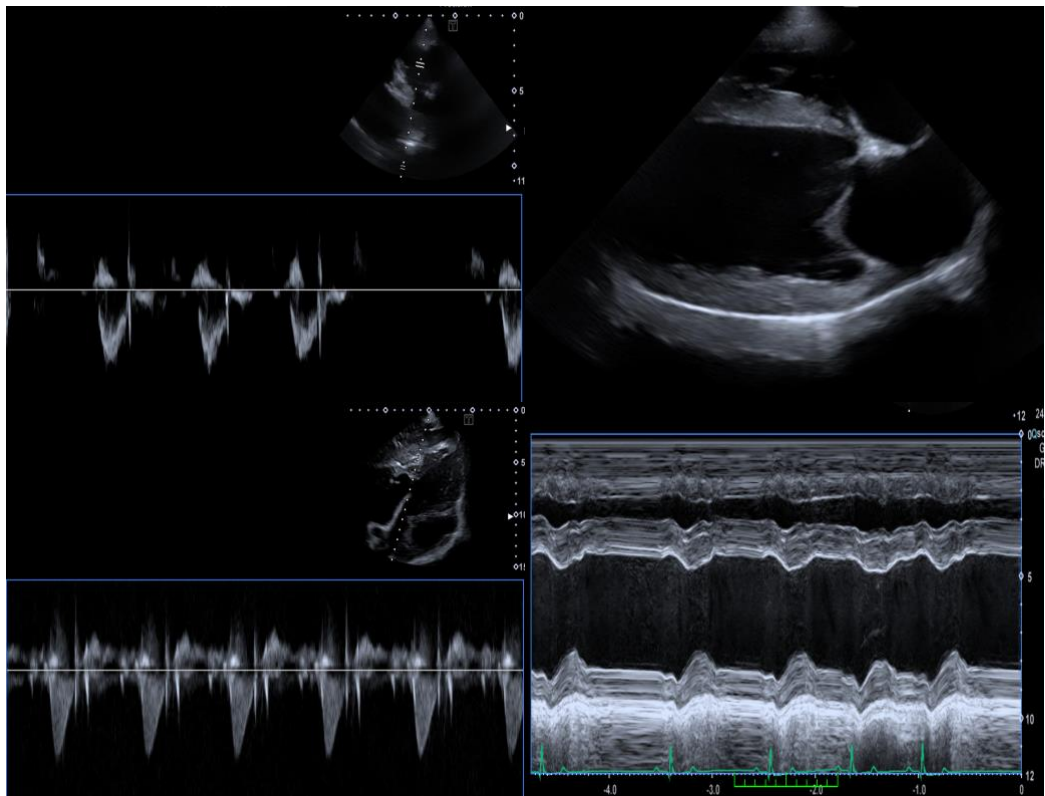
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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 12 months. Sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur worsens in intensity. This would not explain the acute hind limb weakness. A 24-hour Holter monitor should be considered. Elective anesthetic procedures should be well tolerated. IV fluids should be well tolerated. Medications like dexmedetomidine and other alpha-2 agonists and ketamine are 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 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.



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[info@SonoPath.com](mailto:info@SonoPath.com)

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