

PATIENT

Yogi Nisha

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered Male

AGE

14 Years 6 Months

WEIGHT

18 pounds

INTERPRETED BY

Camden Rouben DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

Dr. Watson

INVOICE

13743

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- P presented for Echo due to heart murmur

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	5.31	2.37	NM	1.54	30.95	60.15	0.22
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	NM	1.03	0.49	8.18	2.59	3.08	2.12

Cardiac Presentation

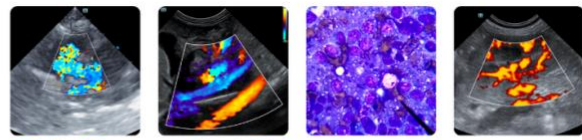
Based off of the images provided, the mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is mild prolapse of the mitral valve leaflet. Left atrial size is normal. The left ventricular internal dimensions during diastole and systole are within normal limits. The systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with mild tricuspid regurgitation. There's no prolapse of the tricuspid valve leaflets. No significant evidence of pulmonary hypertension based off of the tricuspid velocities alone. 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's no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There's no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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



PATIENT

murmurs worsening in intensity.

Yogi Nisha

Elective anesthetic procedures should be well tolerated. Activity restriction is not warranted. A blood pressure assessment should be performed in this patient to ensure that it is within normal limits.

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

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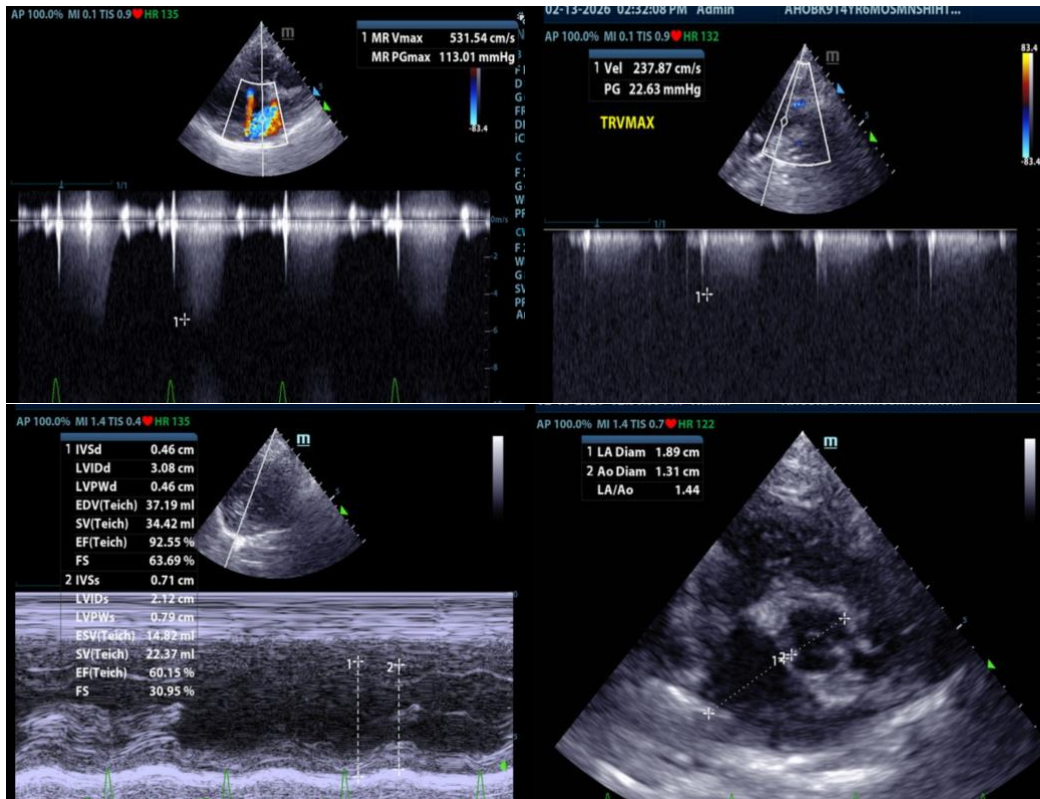
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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