

PATIENT

Hazel Pelletier

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

10 Years 4 Months

WEIGHT

45.2 pounds

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Downtown Greensboro Animal Hospital

REFERRING VET

Dr. Wehe

INVOICE

15379

DATE

04/23/26

PRESENTING CLINICAL SIGNS

P presented for echo due to new 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	6.12	2.22	1.31	1.22	28.88	58.25	0.62
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	1.71	0.71	20.54	4.11	4.28	3.04

Cardiac Presentation

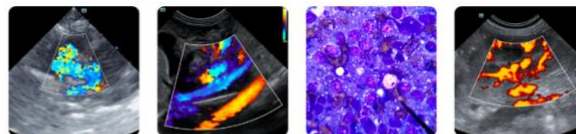
The mitral valve leaflets are mildly thickened with mild mitral regurgitation posteriorly directed. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. The left ventricular internal dimensions during diastole are at the high ends of normal, and systolic function is preserved 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. No evidence of significant pulmonary hypertension based off 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's no evidence of aortic insufficiency. There is trace pulmonic insufficiency. Aorta appears normal. The pulmonary artery and associated branches appear normal. There's no evidence of pleural effusion, pericardial effusion, or intracardiac masses based off of the images provided.

ULTRASONOGRAPHIC FINDINGS

- 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 can be a progressive condition, serial monitoring is recommended. A diet history is recommended in this patient to ensure that this patient is not on a grain-free or legume-rich diet. A recheck echocardiogram is warranted in six months, sooner recheck is recommended if the patient develops cardiovascular clinical signs or the heart murmur worsens in intensity.



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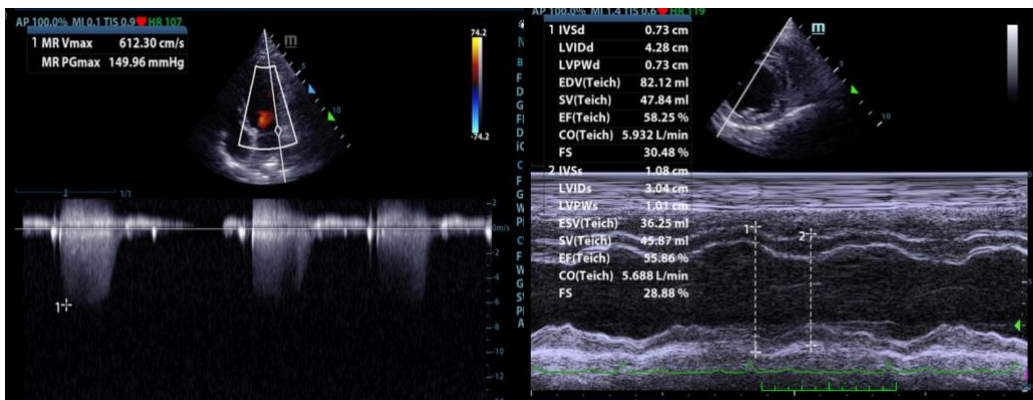
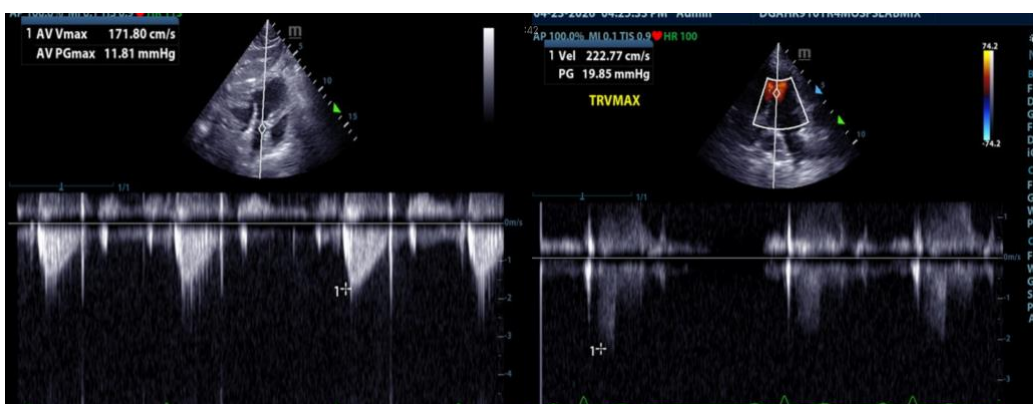
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Elective anesthetic procedures should be well tolerated. If not already doing so, the client should start monitoring resting respiratory rate and effort at home. If not already doing so, the resting respiratory rate should always be less than 35 to 40 breaths per minute when the patient is resting or sleeping. If the breathing rates are increasing, then thoracic radiographs are recommended.

Activity restriction is not warranted in this particular patient. Standard perioperative fluid rates should be well tolerated.

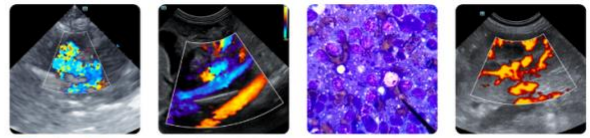
Medications like dexmedetomidine and other alpha-2 agonists are best avoided. Ketamine is best avoided. Anticholinergics can be used in the face of a clinically significant bradyarrhythmia.



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.

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