

PATIENT

Mia Curry

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

8 Years

WEIGHT

30 pounds

INTERPRETED BY

Camden Rouben DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital
Madison Mayodan

REFERRING VET

Dr. McKinlay

INVOICE

15602

DATE

04/30/26

PRESENTING CLINICAL SIGNS

P presented for echo due to new murmur. No symptoms. P previously treated through ophtho for an ectopic cilia and corneal ulcer, and they heard 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	6.73	--	1.67	1.77	49.74	81.3	0.18
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	2.57	1.15	13.6	3.45	3.66	2.2

Cardiac Presentation

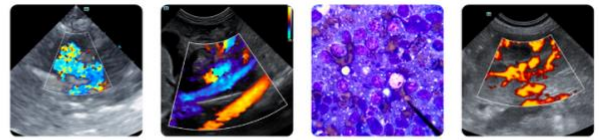
Based off of the images provided, the mitral valve leaflets are moderately thickened with moderate mitral regurgitation. There is increased velocity of the mitral regurgitation. No prolapse of the mitral valve leaflets. The left atrial size is mildly increased. The left ventricular internal dimensions during diastole are equivocally increased. The systolic function is preserved in the face of mitral regurgitation. There is normal right atrial size with traced tricuspid regurgitation. No prolapse of the tricuspid valve leaflets. No evidence of pulmonary hypertension. Right ventricle subjectively appears normal in structure and function. The aortic valves and pulmonic valves have normal morphology. The corresponding outflow velocities of the aortic valve are mildly increased. Pulmonic valve outflow velocity is 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 based off of the images provided.

ULTRASONOGRAPHIC FINDINGS

- The patient has degenerative valve disease ACVIM stage B2.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pimobendan therapy is recommended at 0.25 to 0.3 mg/kg by mouse twice a day. This will be lifelong therapy. The patient's blood pressure should be assessed to make sure that it is less than 160 mmHg systolic.



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Based off of the comment made by the sonographer regarding a VPC, 6 to 12 lead EKG is recommended for this patient. If VPCs are noted, then a 24-hour Holter monitor should be considered.

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A recheck echocardiogram is warranted in 9 to 18 months to monitor the condition since starting Pimobendan. Sooner recheck is recommended if the patient develops cardiovascular clinical signs and the heart murmur worsens in intensity.

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Boston Terrier

The client should start monitoring resting respiratory rate and effort at home if not already doing so. If the resting respiratory rate is greater than 40 breaths per minute when the patient is sleeping or resting, then thoracic radiographs should be performed.

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Judicious perioperative fluid rates are recommended if this patient requires general anesthesia or IV fluid therapy due to increased left atrial size. Medications like dexmedetomidine and other alpha 2 agonists are best avoided. Ketamine is best avoided if needed. Anticholinergics can be used in the face of a critically significant bradyarrhythmia.

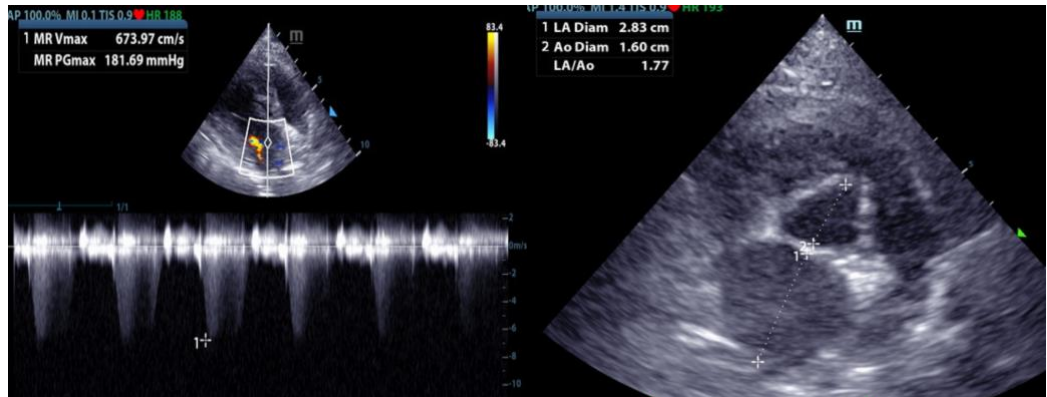
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Activity restriction is not warranted in this particular patient.

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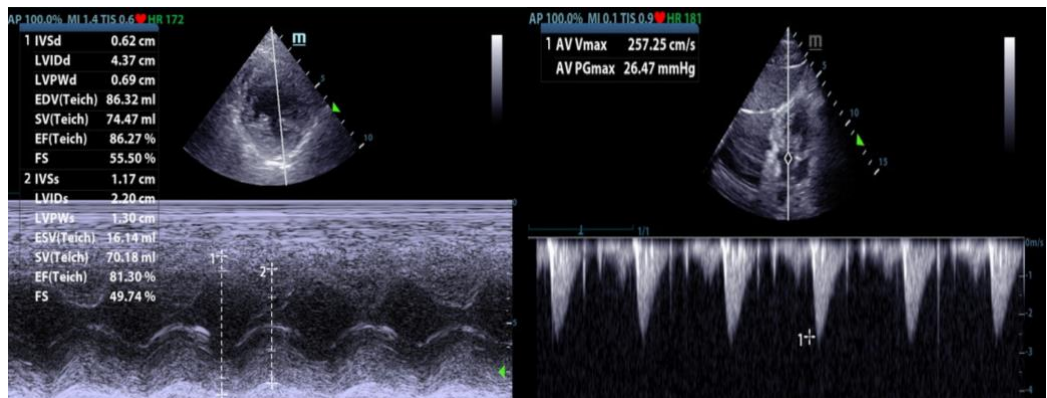
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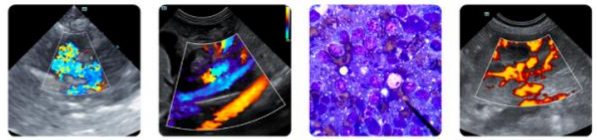
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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